

THE ALKALOIDAL CLINIC

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EDITORIAL

YOUR DOLLAR.

We feel in sympathy with the Dakota editor from whom we quote the following:

Last week a delinquent subscriber said he would pay up if he lived. He died. Another said: "I will see you to-morrow. He's blind. Still another said: "I'll pay you this week or go to the devil." He's gone. There are hundreds who ought to take warning of these procrastinators and pay up now.

The publisher stands on uncertain ground. Time flies, and when the paid-in-advance subscription has expired and the dollar isn't in, what is to be done? Some assume that you question their credit if you discontinue, others take it as an imposition if you continue, and the journal wants to retain its friends, every one. The CLINIC sends a notice and earnestly hopes that every reader will express his wishes promptly. In the absence of the same, we assume it your pleasure that we continue, and shall expect you to pay the bill.

A GOOD MOVE.

A few days ago the CLINIC received a letter from an association of prominent advertisers who have banded together for the purpose of investigating the circulation-claims of

the various journals that seek their patronage. The CLINIC welcomes this move. It is what we have most earnestly desired—what we believe in most heartily. We shall be glad to see their representative and introduce him to our records of "the CLINIC family."

Not only this, but we will show him our linotypes, our perfecting presses and our folders with their automatic feeders, marvels of ingenuity and mechanical skill, that eat up nearly fifteen tons of paper per month and turn it out in CLINICS that go to one-fourth of the medical profession of America. The CLINIC has no circulation secrets, and no time to quarrel with its neighbors. This issue is thirty thousand.

A POOR POLICY.

We notice that several of the younger, as well as some of the older (and ought to know better) aspirants for professional favor, are devoting considerable space to abusing others in the same field. The least that can be said is that this is poor policy. We that live in glass houses shouldn't throw stones. Every act has its reaction and every word said against the other fellow but serves to advertise him to

some who may not have heard of him before. It's a pretty good policy, if one wants to accomplish something for himself, to talk little and work much.

STRICTLY BUSINESS.

Our worthy contemporary, *The Medical World*, is stirring up a subject in which we are deeply interested—the business side of the profession—and we sincerely hope that much good will come of it.

Why the doctor, as a rule, should be one of the poorest business men in the community is passing strange, but such is all too often the case. He is not only a poor business man, as a general thing, when he is the purchaser, but a most decidedly poor and poorer one when his own financial interests are involved; he buys high and sells cheap and half the time he never gets his pay at all; he is exacted of but not exacting, and until a balance is struck he will continue to come out at the wrong end.

We do not propose to discuss this subject at this writing, but we do hope to lend our mite to the creation of an interest in the subject and the promotion of a discussion that we trust will be widespread in its influence and pregnant with good, that we may all be not only better doctors but better business men.

THE RIGHT OF MARRIAGE.

The right of marriage is technically given to all, but is it right? Of all the vital questions that should agitate the public mind this is one of the most important; and who should be the foundation stone of a proper movement regulating this relation and advising for and against, if not the doctor? Who knows better the physical and social ills that result from the misalliance? Such a strong sentiment should be created by the proper education of the masses, that the criminal, the degenerate (mental or physical) and the diseased, against whom we can scarcely legislate, could not marry because they could find none so rash as to accept the responsibility. Ignorance and false social beliefs are the chief causes leading up to these conditions. What are we going to do about it?

A WELCOME VISITOR.

Yesterday afternoon the CLINIC had a call from Mr. G. E. Remick, general manager of

the Phenique Chemical Company. Aside from its social features the special occasion of this timely visit will be seen in a handsome 8-page form of clinical half-tone ads. in this issue. Campho-Phenique is an old friend of ours that has been staying at home a while to rest up and clean house, but is now with us for another campaign and proposes to make things lively all along the line.

KEELEY DIES.

Leslie E. Keeley has just died in Los Angeles, while under treatment at the hands of the "Christian Scientists." May he have credit for all the good he has done and forgiveness for all the harm.

MURPHY'S TREATMENT OF CONSUMPTION.

Most doctors have read of the treatment for consumption devised by the great Chicago surgeon, but how many know exactly what the method is, and why it is advised? At the meeting of the American Medical Association in Columbus, Dr. Lemke presented a paper, giving a year's report upon the method, since its presentation at the preceding meeting. From this paper the following data are drawn:

Lung cavities, like other abscesses, heal with difficulty when their walls are not in apposition. A study of cases of pyopneumothorax shows that such cases usually improve much more than other cases of consumption. Of 134 empyemas operated upon, seven resulted in fistulas, four died, nine were lost sight of, and all the rest recovered from their tuberculosis as well as their empyemas. Compression obstructs the transmission of infection by blood and lymph-vessels, and by the air passages; the infectious secretions are squeezed out, the lung is permitted physiologic rest.

Nitrogen is preferred for dilating the pleura because this gas is not quickly absorbed.

Cases are selected in which the disease is not too far advanced, but the reporter evidently felt disinclined to exclude even these from possible benefits. The existence of a pleural cavity is essential, and this is sometimes difficult to determine, though the lessened chest movement with respiration is suggestive. Still, this may be lost when no adhesions exist.

The operation is done aseptically. The aspirating needle is introduced at or just behind the anterior axillary line, in the fifth or sixth interspace. If the needle has entered the pleu-

ral cavity the air can be heard to rush into the syringe when the patient takes deep inspirations. If in the lung, frothy blood may appear in the instrument. The entrance of the gas sometimes meets resistance at first. From 80 to 170 cubic inches of gas are required to collapse the lung.

Respiration is increased, the pulse-rate lessened, the heart dislocated. If much gas has been injected there may be slight syncope, pallor and weak pulse. Cough and expectoration increase, and the other lung respire as much air as did both.

The needle is left in position a few minutes, to draw off a little gas if syncope or pain is severe. The wound is sealed with collodion, and a firm compress applied to prevent the escape of air into the subcutaneous tissue.

Possible accidents are, gas embolism, wounding intercostal vessels, wounding lung, wounding pericardium. The existence of tubercular disease in the other lung has not been found to contra-indicate the compression of the one most diseased.

Brief records of fifty-three cases are given. We will not attempt an analysis of these, as the records are not sufficiently complete, to allow a study of much value. In many instances no data are given to show that the cases are really tubercular; in no case is the presence of pneumococci, streptococci, influenza bacilli or other micro-organisms noted; and as the majority of the patients were finally sent to the southwest for climatic treatment, it is hardly possible to say in a single instance that the patient's cure could positively be attributed to the pleural inflation.

But a notable number of the records stated that the sputa at first contained tubercle bacilli in large numbers, and that these finally disappeared completely; and this is quite sufficient to entitle the treatment to the most serious consideration. These results seem to us much too decided to be attributed to suggestion, and on the whole, the showing made by Dr. Lemke is better than would be expected from *a priori* reasoning. We note that case after case improved in the pulmonary symptoms, even to apparently complete recovery, yet "the diarrhea still continued;" and in at least one case finally led to the patient's death, from perforation and tubercular peritonitis. It was perhaps right to ascertain the limitations of the new method, by using it to the exclusion of all other treatment, but in view of the remarkable results following the use of the sulphocarbolates in pulmonary consumption, one must regret that

these cases were not also given the benefit of the antiseptics as well.

In conclusion we must commend the reporter for his evident fairness in his reports, and the absence of any effort to gloss over and decry the failures. This gives the record that much more value. In cases where a cavity exists in one lung, the other being in a fairly healthy condition, the collapsing of the diseased lung may be advised with nearly a certainty of great benefit, possibly a cure resulting.

SNAKES.

The December issue of *Johns Hopkins Hospital Bulletin* is given up to the consideration of American serpents. Kelly says there are but three venomous American snakes, the rattlesnake, copperhead and moccasin. Of these, all possess the pit or depression between the eye and the nose, from which they take the name of pit vipers. The head is triangular, massive, the scales on the head small and the head warty looking, the body short and thick, the back scales rough and keeled, the pupil elliptical. The copperhead or cotton-mouth is not very dangerous, the fatality from its bite, according to the Smithsonian, being one per cent.

The moccasin is a water-snake, much dreaded, but Kelly knows of but one death due to it, while the Smithsonian a few years ago affirmed that no death had then been proved.

Of the numerous varieties of the rattlesnake, Kelly questions if the bites of the massasauga and ground rattler are ever fatal.

Many harmless and useful snakes are popularly thought to be venomous, such as the hog-nose viper, spreading, puffing or blowing adder. It is perfectly harmless, a great destroyer of field vermin, and easily tamed. The orange-bellied moccasin of Alabama is not venomous, but useless, and destroys fish. The highland moccasin is also harmless.

It is a pity the true value of the non-venomous snakes is not popularly appreciated, since they destroy vast numbers of noxious vermin, and are the greatest natural enemies of the poisonous serpents. A family of garter snakes will keep a garden clear of cutworms, slugs, and moles better than any invention of man.

Mitchell attributes the toxicity of all serpent venom to the presence of venom globulin, which acts on the respiration, circulation and blood, destroying red cells, lowering blood pressure, and paralyzing respiration; and to an albumose, which acts on the tissues, causing oedema, putrefaction and sloughing.

Brown says that in the treatment of snake bites the first object is to prevent the rapid absorption of the poison; a ligature about the bitten limb between the bite and the body, scarification, excision, amputation, cauterization, cupping or sucking, the latter being opposed by Fayrer, who dealt with the ultra-poisonous snakes of India. Inject about the wound one of the chemical antidotes, potassium permanganate, one to five per cent, calcium hypochlorite, gold chloride, caustic alkalis, bromine, chlorine, carbolic, tartaric or chromic acid, iodine, or dilute mercuric chloride. None of these is of any use after the poison has reached the blood, or unless brought in direct contact with the venom. Eliminate by washing out the stomach, keep the bowels and kidneys active. Neither ammonia nor strychnine is antidotal, but in mild cases may aid in sustaining the heart and nerves.

The elaboration of antivenomous serum has been made by Fraser and Calmette. The former believes each serpent furnishes a serum protecting only against the venom of that variety, and that the bile of each variety possesses this property. The Hindoo snake charmers use the blood and bile of their serpents as antidotes. Kanthack found Calmette's cobra serum powerless against daboia venom.

Calmette has prepared an antivenom which he claims to be efficacious against the venom of all serpents and even lizards and scorpions, either to immunize or to cure. Animals are immunized by progressively stronger inoculations with the venom, or by mixing the venom with one of the chemical antidotes mentioned. He studied twelve varieties of venomous serpents, and found that animals immunized against any one of these were immune against all.

Marmorek showed that animals immunized against anthrax or tetanus furnish a serum antitoxic to snake-venom. Dogs immunized against rabies greatly resist snake-venom. Rabbits vaccinated against snake-venom resist poisoning by abrine, and those vaccinated against abrine acquire some immunity against snake-venom, diphtheria, ricine, sometimes anthrax. Animals vaccinated against erysipelas or rabies may possess a serum protective against snake-venom.

Recent experiments show that some of the immunity may be due to increased powers of the leucocytes in phagocytosis of the toxin.

The serum sent out from the laboratory at Lille has been used with success in poisoning

with the cobra, karait, asp, naja noir of Africa, and the lance de fer of Martinique.

A GOOD WAY TO HELP.

You may send the CLINIC three months to six of your professional friends for one dollar. Send us the names and the money and we will tell them to thank you.

KEELEY AND THE CLERGY.

We have received from the Keeley people a pamphlet containing testimonials said to have been given to this institution by clergymen.

There is nothing at all remarkable in this, as there has not been a quack nostrum foisted on the credulous public in the historic period that has not received the indorsement of the clergy. So marked has been this tendency to take up these delusions, that ingenious papers have been written to account for it, which remind one of the work published to account for the cruelty of monks.

One bitter critic used to say that both dealt in quackery, and hence the sympathy was natural. But this is repugnant to our sentiment, and inconsistent with the high moral standing of all but the smallest fraction of this justly respected profession. Rather is it to be explained by the fact that, dealing with a system of which a belief in the supernatural is the basis, anything that appears to confirm, or to be in harmony with, their views, is welcomed by them; while on the other hand, the tendency of physicians being ever to do away with the supernatural and explain all phenomena in their profession by natural laws, there is an instinctive antagonism felt towards them by the clergy.

Time was when the man who attributed the occurrence of storms, pestilences, lightning strokes and earthquakes, to anything else than the wrath of an angry deity was an infidel. The enforcement of good sanitation instead of processions and fasts, to rid a community of the plague, was arch-heresy when first broached.

But there has arisen a new race of pastors, who are most efficient aids of the physician in his administration of modern hygienic laws. The preacher who derived the waters of affliction from the family well, the other who, praying at a bedside, detected the odor of decay coming from the cellar underneath, and

many an earnest, God-fearing man who aids the doctor to dethrone superstition and substitute knowledge therefor, who refuses to allow himself to be made the tool of such unscrupulous charlatans as Keeley, possess the heartiest admiration and sympathy of the doctor, who most earnestly longs to help them in their arduous task of trying to make this wretched, wicked, ignorant old world better. All honor to the clergy. They are a body of self-sacrificing men, whose usefulness in the community cannot be over-estimated. But such publications as that before us may be good advertisements for Keeley, but anything else for the clergy than creditable.

SPIT AWAY.

Dr. J. M. Swetnam, of Phoenix, Arizona, writes us strongly objecting to the article in a recent CLINIC headed "Don't Spit." He says that "the plain statement that laws had been passed in San Bernardino, Cal., and Phoenix, Arizona, by which these towns were quarantined and consumptives not allowed to enter within the city limits, can by no reasonable construction be termed a joke."

We have forwarded the protest to the writer of the letter and verses, but up to the time of writing have had no reply.

Whether the residents of these and other Southwestern towns have or have not passed such laws is a matter of fact on which we will gladly receive information from those who know. There is little doubt that there exist two parties, differing in their views as to the welcome extended consumptives. The doctors certainly want them, the more the better, and give them the benefit of unusual skill, born of unusual experience in the treatment of this malady. But the non-tubercular residents look with dread on the invasion of their towns by the tuberculous and their billions-a-day of bacilli cast out to contaminate the atmosphere. Some years since, sending a tuberculous patient to Phoenix, it was found very difficult to find shelter for her, the dread of infection being very great.

Nor do we blame the people. The tuberculous consumptive is infinitely more to be dreaded than the leper. The consumptive ought not to live with other consumptives nor with healthy persons. He should live by himself, yet within reach of aid when needed. When he vacates his residence it should be disinfected, preferably by burning. Hence, the

proper home, for him is a hut, of cheap construction, wood or corrugated iron. An ideal arrangement would be a central depot for preparing food and other necessities, with covered ways leading out, ray-like, to lines of separate individual dormitories, well separated.

The needs of the patients should be respected. They have a God-given claim on the climate most favorable to their recovery, and no law can deprive them of this.

The welfare of the non-tubercular residents must be respected. They have the God-given right of self-protection, and they must demand its enforcement.

The towns of the Southwest should bear in mind these two facts. They have a rich trust, in their unequalled climate; they can easily manage the matter so as to do full justice to both parties, and this is not only a duty but a very profitable enterprise. They should fulfil this duty by so providing for the tuberculous that they may avail themselves of the inestimable benefits of residence there, even those not rich in worldly goods, and at the same time amply protect the healthy residents against infection.

These facts are too well accepted to need establishing by proof or argument. If any of these towns have made such provision for consumptives the CLINIC will be most happy to give this fact the widest advertisement in its power, most freely. In the meantime we would suggest that it would be wiser to do this than to get one's back up over a humorous publication which, whether it gave the actual facts or exaggerated them, dealt with a condition that certainly exists, the dislike of non-tubercular residents to admit consumptives to their homes.

ERYSIPELAS.

A correspondent writes that he has totally failed to control erysipelas with pilocarpine. Asked to describe the case, it proved to be that of a man who had had an eruption of "pimples" coming out occasionally, doubtless as a result of constipation and auto-toxemia.

Erysipelas is an invasion of the skin by a swarm of cocci, starting in an opening, at a wound or a point where the skin and mucous membrane meet, and spreading from that point. The term is very loosely employed, some applying it to erythema, intertrigo, and in fact, to any form of skin disease. One worthy old doctor, self-educated, told me he knew over 500

varieties of erysipelas and had not corralled all yet!

Over sthenic erysipelas pilocarpine exerts a remarkable influence, the like of which is rarely seen in medical practice. This indicates the advisability of further trials of this alkaloid in other coccic affections, especially the sthenic forms. And as in these calcium sulphide has proved beneficial, this may be tried in erysipelas, as well as sulphydric acid as a local application.

LEUCOCYTOSIS.

In *Pediatrics* Head contributes an article on leucocytosis in children's diseases. The number of leucocytes is greater in children, at birth 17,000 to 21,000, at six months 12,000, one year 10,000, four years 9,000, from six years on, the same as in adults, 7,500 to the cm. The changes in childhood are greater. Leucocytosis is variously explained as due to stimulation of the blood-making organs, to regeneration of the new cells from old, and to the calling into the circulation of leucocytes from the spleen, lymph nodes and spaces, by the stimulus of bacterial toxins. The diminution of the leucocytes is also attributed to their destruction, and to their withdrawal from the circulation. Leucocytosis serves to differentiate otitis media from catarrh, appendicitis from typhoid fever or intestinal obstruction. In osteomyelitis, enterocolitis, infectious diarrheas, pyemia and septicemia, leucocytosis is present, while in children's typhoid fever the leucocytes are normal or below in the first week, and almost always below after it. In lobar pneumonia the leucocytosis is very large, but in grave cases without it death is almost invariable. Pulmonary tuberculosis usually shows leucocytosis except in the early stages, but other tubercular affections, such as meningitis, do not show it. Other forms of meningitis show leucocytosis, as do scarlatina, diphtheria, tonsillitis, and rheumatism, while measles and influenza have none.

CALCIUM SULPHIDE.

Earp, in *Merck's Archives*, treats of calcium sulphide. He adverts to the ignorance of the alleged authors who compile treatises on therapeutics from the authorities of a few decades back, and adds a remarkable statement to the effect that "clinical reports of the use of cal-

cium sulphide are rare!" We fear Prof. Earp does not read the CLINIC.

However, he partially redeems himself by finding the sulphide useful in several affections. He quotes the two cases of smallpox at North Vernon, Ind., and remarks that they clearly illustrate the effect of this agent on pustulation. An indurated mass was left after tapping a hydrocele; for this Dr. Earp gave calcium sulphide, three grains a day for three months, when the enlargement was only slightly perceptible.

In a case of carbuncle he gave a grain of calcium sulphide every four hours, the patient returning to his business in three weeks. Other affections in which he gave the same agent with satisfactory results were orchitis, lymphangitis, probably syphilitic, boils and abscesses following anginose scarlatina.

Laura (*La Dosimetrie au Canada*) describes the case of a dame, aged fifty-six, ten years suffering from the menopause, subject to gastro-intestinal troubles from the slightest causes, and to nervous uterine crises, her life passed in an emotional and passionate circle. Both parents died of cancer. She had catarrhal bronchitis, worse in winter; hemoptisis during the winter of 1897-8. She had coughed more than fifteen days, the paroxysms hard, prolonged, spasmodic, causing vomiting; atypic fever, anorexia, great discouragement and debility. She was given calcium sulphide, gr. 1-6, every half hour, then every hour, with the milk diet. She recovered from the bronchitis in a week, the fever disappearing the third day, a slight cough continuing ten days longer.

A student, after three nights of hospital duty, was seized with severe cough, free sero-mucous expectoration, later muco-purulent and then bloody, chills and fever, anorexia, etc. These symptoms, with the profound vital depression, pointed to the diagnosis of influenza, at that time epidemic. He was given calcium sulphide and aconitine for the infection and the fever, strychnine to raise the nervous forces, and a cure followed in ten days from the first attack.

DIRECTIONS TO NURSES

There is no special difficulty in giving directions to nurses as to when to give and to quit giving alkaloids. The essential thing is that the doctor should have in his mind a clear idea of what his medicine is going to do, and the rest is easy. But it is just here that the difficulty occurs. Do you really know what is

going to follow, when you mix up a lot of more or less congruous drugs of unknown purity, strength and compatibility in one mixture, and fire the whole broadside in at once?

How easy it is when we do know. Tell the attendant to give the atropine every quarter hour till the mouth begins to feel dry, the aconitine till the fever falls, the emetin till slight nausea is felt, the anodyne till the patient feels comfortable, the colchicine till slight nausea or catharsis begins, the hyoscyne a granule every quarter hour till the patient is asleep, the strychnine till he feels stronger, the aspidospermine till he breathes easier, cicutine till the nervousness subsides, arsenic till the eyes itch. What can possibly be easier? Could not a ten year old child be trusted to obey such simple directions?

Just study your drug till you know what is the leading symptom denoting the full physiologic effect to be expected, and tell the nurse to look for this.

LEONARD WOOD, M. D.

America points with pride to Leonard Wood as the first illustration of her idea as to what a colonial governor should be. As a general, a health officer and administrator of public affairs, Dr. Wood has honored his country. We like to feel that we can claim him as a fair sample of the material we have ready to fill such positions. We want the world to believe that he is a sample American, not an exception.

And how much of his success is due to his medical education? We have known merchants, manufacturers, mine superintendents and railroad magnates, who have taken the degree of M. D., and we have never known one who did not declare that the training and information contained in the medical college were invaluable to him.

DEPOPULATION OF FRANCE.

The *Gazette Medicale de Paris*, discussing Zola's *Fecondite*, combats his assertion that the surgeon is responsible for the depopulation of France. The reviewer charges this evil to social conditions, and says: "Suppress the dower, emancipate the wife, give her the absolute liberty that we men enjoy, and infants will reappear *en masse* on the soil of France."

The language is ambiguous, as the degree of liberty enjoyed by French gentlemen is not

specified; nor is it indicated that the liberty demanded applies to the choice of a partner or to the subsequent *menage*.

THE ABDOMINAL BRAIN.

We are often asked for detailed information on the sympathetic and vaso-motor nerves. It is a difficult subject to condense into a magazine article, and one that deserves deeper study. Read Byron Robinson's *Abdominal Brain*, and you will find that your point of view has changed, your horizon widened, and that many difficulties have disappeared. It is a book that demands patient study, and is well worth it. Yes, it has faults, we know, but somehow as you read the faults cease to impress you, and you are so impressed with the great merits of the work that the faults are forgotten. We are exceedingly busy doctors ourselves, and too sensitive as to our relations with our readers to advise them to spend time and money without good returns; but we have yet to register the first kick from a doctor who has studied this book.

BLACKMAIL.

The *National Druggist* makes a strong attack upon the practice of journals levying blackmail upon the trade by maligning the houses that refuse to advertise in them.

More power to you, brother. We hope you will put a little calcium phosphate into the back bones of the weakly ones who suffer themselves to be thus held up.

The right to do business according to one's own ideas should not be denied anyone as long as the method does not interfere with the rights and privileges of the masses, the right of interference being confined to legitimate competition; by legitimate we mean of the "live and let live" order. Just where the line is to be drawn is a mooted question.

"PURE DRUGS."

In the *Boston Medical and Surgical Journal*, S. W. Abbott, Secretary of the State Board of Health, sums up the work of food and drug inspection for the sixteen years ending with 1898. Out of 97,590 examinations made, 31,368, or over thirty-two per cent, showed the presence of adulterations. Even the last year showed a percentage of 25.2, the first year showing 44.5 per cent. This is a decided im-

provement, but still our eastern friends have one chance out of four of getting adulterated food or drugs; and this is entirely too much.

DR. THEOPOLIS FRAVEL.

There is something inexpressibly touching in such incidents as the death of Dr. Fravel and his wife. The doctor had been weakly but not ill, had made a professional call, and was lying on a couch talking with his wife, when he became unconscious. His wife gave the alarm, and when neighbors arrived she knelt by his side, asked if he had left her, and died, within a minute of the time he drew his last breath. Dr. Fravel was much beloved by the people of Westville, Indiana, where he had practised for forty-four years.

SEXUAL PROMPTINGS.

A large number of queries, for which we have not room in the journal, would find in Dr. Belcher's book an answer more complete and satisfactory than we could give. The book was written while the discussion on this topic was going through our pages, and has been highly praised by many who have procured it. It is advertised in the CLINIC.

PRECOCIOUS GESTATION.

The note in August CLINIC, 1899, on Precocious Gestation, was written by Dr. J. C. Wade, not by Dr. W. S. Cline.

A GOOD WAY TO HELP.

You may send the CLINIC three months to six of your professional friends for one dollar. Send us the names and the money and we will tell them to thank you.

A PLEA FOR EXACTNESS IN THERAPEUTICS.

The following suggestive editorial appears in *The Medical Times*:

"It is impossible for anyone with any knowledge of the use of curative means to attend a meeting of physicians and listen to the differences of opinion in respect to therapeutic methods without being compelled to admit that, if

these disagreements are well-founded, there is little use in attempting to treat patients with drugs at all.

It is no wonder that the majority have become "Christian Scientists."

The medical student and the layman who reads or listens to such statements could come to no other conclusion, but that there is no consensus of opinion or exactness in therapeutics, and that the medical profession is "all at sea" in respect to the use of drugs as therapeutic agents.

Anyone who has had to do with medical students knows how poorly equipped with drug weapons they are when they emerge from college. A few formulæ for use in common diseases is about the extent of their knowledge. They know next to nothing of the physiological action of drugs, or when they should be exhibited in case of diseases; hence, the charlatan manner in which much of the prescribing of drugs is made. No student should be graduated without a good knowledge of physiological materia medica, the science of drug action; then he will have a foundation for the empiricism which is sure to follow, and he will not generalize from limited facts.

Those who have made a proper study of drug effects will never propose to "throw medicine to the dogs," for they will have better use for it. Such study as we suggest will prevent practitioners from becoming attached to fads and antagonistic to drug uses. Many have become disgusted with drug prescribing because of the uncertainty of selection, and we do not wonder. Some have become sectarians because of massive and uncertain dosage; and all of us can but regret that there is not more exactness in therapeutic methods.

When physicians become familiar with higher therapeutics, success will be so enhanced that laymen will not monopolize the bulk of ordinary practice as they are doing at present, because one must be an expert to understand it.

We cannot expect exactness in therapeutics unless we possess reliable and substantial reasons for the use of a drug, and feel sure that it fits the individual patient in hand. We think no reader will try to confute the statement that there is no drug that will cure every case of any given disease; hence, specifics are for individuals, and not for diseases. Quinine is not the sole specific in malarial fever; neither are mercury and potassium iodide the only remedies that will cure syphilis.

It is not an easy matter, we will admit, to adjust drugs to diseased conditions, and that is

why we are demanding more thorough study by those who are to administer them, and it is sufficient argument that the inexperienced should not attempt it. There is no short road to exactness in prescribing drugs, and each one will have to work it out for themselves. The first step is the careful study of physiological effects of drugs upon human beings, in order to ascertain their finer shades of action; and with this knowledge it will be much easier to regulate the dosage, which must vary with different individuals; and the dose will also depend upon the result desired from its administration.

It is already recognized by many that the size of the dose is an important element in our consideration. If a certain result is desired, we administer a larger dose; if an opposite effect is the one we want a smaller dose is exhibited; and if this is done upon absolutely scientific grounds, there may be no doubt as to the result. What we want is a therapeutic revival, and great good to humanity would come from such a movement.

It would restore confidence in the physician, which has been lost through his own misgivings as to his ability; and we confidently assert that this is one of the main causes of the present chaotic state of general practice as it exists to-day. It is ignorance upon the lines we have indicated which is largely responsible."

—:O:—

Amen, brother. We are hoarse with shouting this into the ears of our doctors. We hope some of the rest of you will join in the chorus.—Ed.

MARCH COUGHS.

The obstinacy of March colds is proverbial. Many a "one-lunger" has congratulated himself too soon on his success in disregarding the advice of his doctor and spending the winter north, when this fatal month of storms and sunshine, of strong contrasts and wide extremes, comes to destroy his self-conceit and vindicate the judgment of his adviser.

People are tired of the long winter, they have become so far habituated to the cold that they do not feel it as keenly as they did in November, and at the first sign of Spring they are ready to throw aside their winter wraps and their winter precautions, and then comes the heaviest blizzard of the year. Their overshoes are worn through, and it is too late in

the season to buy new. Even the increase in vitality consequent to their exposure to the Northern winter helps to delude them, for they hastily conclude that their malady is a thing of the past, and they may safely take the advice of non-discriminative friends, who tell them to throw away all thought of being ill, and believe and act up to the belief that they are not invalids. Verily, a little knowledge is a dangerous thing, when it leads the unthoughtful and unknowing to prescribe for all their weakly friends.

March is in every way a dangerous month. From the first day to the thirty-first it is unsafe. Indeed, there is a general impression that the last day is worse than the first; and an old Pennsylvanian used to maintain that while this month was said to come in like a lion and go out like a lamb, his experience was that it came in like a lion and went out like the devil!

To the old type of practitioner a cold simply meant "brown mixture," often with ammonium chloride. We have often quoted with relish that acute remark of the greatest of German therapists, that when one reflected that this mixture formed one-third of all the prescriptions that went out of a German drugstore, and that doctors not only ordered it but even took it themselves, it was difficult to realize that the only effect it could have was to disorder the stomach!

Once when we pointed out the antagonistic action of its constituents, some one retorted that we ourselves recommended and gave antagonistic remedies, such as aconitine and strychnine. But the conditions are totally different. When these agents are administered at the same time the aconitine relaxes the vaso-motor spasm in one place while the strychnine corrects the vaso-motor paresis in another. But in brown mixture we have one remedy increasing the flow of bronchial mucus while another agent is checking it; and we must submit that it is a physical impossibility that both processes can go on in the same patient at the same time.

In Alkalometry we have a choice of remedies to suit the most fastidious. Do we wish to hurry the process through, and relieve the turgescence by increasing the mucus, we have in apomorphine an agent of unquestionable power and fitness. If the circulation runs rampant, or there is dyspnea in a hearty patient, we may prefer lobelin. But if the child is delicate and weakly, we fall back on our old tried friend, emetin; only we give no nauseous doses, nor do we allow the child to be disgusted by an over-dose, but tell the parents to repeat the

dose just to the beginning of nausea, and then stop.

We wish to subdue the irritability of the respiratory mucosa, which induces the patient to cough one hundred times where once is enough to dislodge the mucus collected; so we give codeine, also in "dose enough," never thinking of constipating our patient, locking up the uric acid in his body and destroying his appetite, with paregoric or morphine.

The hyperemia of the inflamed tract is amenable to the soothing effects of aconitine, as in other acute conditions, and the Defervescent and Triads generally find a field of usefulness here.

As the attack subsides it may run along to an abnormal extent, taking the form of a dry catarrh requiring lobelin, or a bronchorrhea demanding cubebin and benzoic acid, a hyperesthetic state resembling asthma and calling for atropine, or an anesthetic condition indicating something to make the man cough harder and rid his lungs of the retained secretions, when we give sanguinarine or scillitin. This last condition is most frequently seen in the aged, and is a source of great danger if neglected, but easily managed if recognized.

Of the combinations that have approved their value many a time are the Anodyne for Infants, which is quite a convenient cough remedy for these little sufferers; modified Dover's powder is especially valuable for irritative coughs, and when there is great dyspnea in the early stages. A similar preparation made with codeine in the place of morphine is much prescribed by Dr. Waugh: Codeine gr. 1-34, emetin gr. 1-34, camphor monobromate gr. 1-6; given to an adult every ten to twenty minutes till slight nausea is felt.

The ammonium chloride with codeine tablet contains also cubebs, which is a remedy for free secretion. This tablet is useful in some forms of chronic bronchitis.

The coryza granule is intended to be given when one is taking cold, to break up the attack. We recently gave a sneezing lady seven of these granules, one to be taken every fifteen minutes till she felt the dry mouth of atropine beginning. Next day she told me she was well! and wanted to know if there was magic in the little doses.

There's always magic in medicines accurately prescribed.

It has been our observation that that granule does best with thin, rather anemic people. For the fuller blooded we prefer the combination of quinine sulphate gr. 1-6, camphor gr.

1-6, and atropine gr. 1-500, repeated every few minutes till the atropine effect is manifesting itself.

Dr. Aulde advised a combination of morphine, pilocarpine and calcium sulphide, for use in acute bronchitis; especially septic forms, or where there is reason to believe there is a bacterial invasion. Those who believe that all respiratory catarrhs are microbic would give this granule the preference. We are on the fence.

Blackham's cough granule contains morphine, antimony, and pilocarpine. It should be useful in the acuter inflammatory forms, approximating pneumonia, and with those plethoric people who need lots of sedating, and a little discouragement to their appetites.

There seems to be little reason to fear that the virtues of heroin and dionin will be overlooked, so we merely refer to them.

The cyanides are sedatives to the respiratory sensory nerves, and in purely irritative or spasmodic coughs are of considerable value. We prefer the zinc salt, as more stable. The effects are speedily felt and do not last long, so that this may be given in rapidly repeated doses, one or two granules, every five minutes till effect.

Potassium bichromate is recommended as an alterative to the respiratory tract, a relaxant in croup, and especially as useful in the later stages of pharyngitis. The writer has had too little personal experience with it to warrant his saying more.

With all this wealth of resources we do not find the Alkalometrist saying much about drugs being of little consequence, the less given the better, throw physic to the dogs, etc., etc. On the contrary, he goes to see his catarrhal patients with the innate conviction that he is going to be of use and earn his fees. He knows there is no condition that can arise for which he has not an efficient remedy; that if summoned early he can break up the attack before it has reached a dangerous stage; and the consciousness of Knowledge and Power shows through every line of his face, so that the patient is better the moment the doctor enters the room.

Were we writing an article on the treatment of coughs and colds, we would not omit a strong appeal in favor of confinement to an evenly heated room, keeping the bowels well cleared out, the close curtailment of fluids, whose free use increases the hyperemia and nullifies the efforts to abort the attack, and the inhalation of steam in all acute forms; a remedy of value beyond calculation.

LEADING ARTICLES

*THE TREATMENT OF SENILE HYPERTROPHY BY CATAPHORIC APPLICATIONS OF IODINE.

By C. S. NEISWANGER, PH. G., M. D.

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Illinois Medical College.



In the whole category of diseases there is none that has so baffled the skill of physicians as prostatic hypertrophy and prostatitis, neither is there any other trouble for which relief is so eagerly sought, and for which so much gratitude is expressed when that relief is found.

Regarding the treatment of these troubles we seem to be living in the presence of ever-dissolving facts, or things that we once considered facts but which our experience of to-day forces us to discard. This is due to the reporting of immature results and deductions, and not facts; not that the ones who report the results are dishonest, but that the innate desire to give advice is a constant factor of human nature.

It is not necessary to consider here either the etiology or pathology of hypertrophy of the prostate, for they have been ably discussed, and are familiar to most readers of medical literature; but there are two important points in the pathology to which my technique is particularly applicable, which I should like to mention here.

First, that this is not a true hypertrophy, which would consist of only enlarged cells, but that there is an accumulation of tissue between the glandular elements.

Second, that the constant strain on the detrusor muscle, in its effort to raise the floor of the bladder up to the level of the prostatic urethra (it now being much higher on account of the hypertrophy), causes it to be weakened

and consequently the posterior portion of the bladder sags and accumulates residual urine. This causes the most unpleasant sequels, because, as Dr. Miller says, "this residuum soon decomposes from the action of the mucus on it, and the ammoniacal decomposition irritates the already congested mucous membrane, increases the amount of mucus, which in turn causes more urine to be decomposed, and so the pernicious cycle goes on."

The earlier stages where the lateral lobes only are affected and compress the urethra, offer the best prognosis and are easiest to treat; but when it has so far progressed that we have the "third lobe," which lies just at or within the neck of the bladder it takes considerable time and patience, consequently treatment is to be advised early, or just as soon as a rectal examination reveals the beginning of the trouble.

Of the many methods in vogue for the treatment of prostatic hypertrophy, none has been satisfactory enough to encourage its general application or adoption by the general practitioner; or else those that have promised any reasonable measure of success, such as Botini's rapid method, are fraught with so much danger as to preclude their general use, and after all, are irrational.

As to the internal medication, when we come to look the matter in the face, it seems just as rational to treat prostatic enlargement by internal medication as to prescribe a gargle for goiter; although it is true, and we might expect such remedies as sandal, saw palmetto, sodium benzoate, etc., to accomplish much as adjuncts, where the vesical mucous membrane

*Read before the Faculty of the Illinois Medical College, January 26, 1900.

has become inflamed by the decomposition of residual urine.

My method, of the cataphoric application of iodine to the enlarged gland, is not only rational but gives promise of better success than any of the methods heretofore used, and is so simple and safe that it may be employed by practitioners far removed from medical centers.

The applicator shown in Fig. 1 is composed of a hard rubber tube, closed at the distal end by a hard rubber plug. For a distance of

gently moving the electrode backward or forward, to prevent it sticking to the mucous membrane. The treatment may be given every fourth day.

Much conflicting literature has appeared upon the subject of cataphoresis, but as the writer has given his views upon this process in detail, from a physical standpoint (see "Electro-Therapeutical Practice" page 33), he deems it only necessary to say here, that in the above technique the solution of potassium iodide is decomposed by the current, and the iodine be-



FIG. 1.

about two inches from the distal end a number of small holes are drilled. The metal inside (which is removable) consists of a copper wire twisted upon itself on the proximal end of which is soldered a receptacle for the cord tip.

Upon about two inches of the end of the twisted wire a little absorbent cotton is wound, and, after being dipped into a solution of potassium iodide (thirty grains to the ounce), is inserted into the hard rubber tube. This electrode is then attached to the negative cord from the battery and inserted into the prostatic urethra. A large pad is now attached to the cord from the positive pole of a galvanic battery, and placed upon the abdomen of the patient, when a current of from six to ten mil-

ling an electro-negative element has an affinity for the positive pole, therefore the solution must be applied from the negative pole if we would utilize the resolvent effects of the iodine in the enlarged gland. The negative being the decomposing and liquefying pole, we have therefore both the polar effect of the current and the iodine, each of which is indicated.

The strengthening or toning of the detrusor muscle has quite as much to do with the successful termination of these cases as the reduction of the gland, and should have just as careful attention. This is done by leaving the electrode in position after the galvanic treatment, and switching on a slowly interrupted faradic current for the purposes of massage.



FIG. 2.

liamperes is turned on by means of a rheostat; and this may be maintained for ten minutes without discomfort to the patient. The treatment should not be repeated oftener than once in five days.

A granular or irritable condition of the prostatic urethra contraindicates both the application of the negative pole and the iodine, and, as this condition often exists, it should be treated by a different method as follows: Take an electrode such as is shown in Fig. 2, which consists of a copper staff insulated with hard rubber to within two inches of the distal end. This is introduced so that the metal portion comes in contact with the prostatic urethra only; it is then attached to the positive pole, and a current strength of five milliamperes used for about six minutes, rotating or

This massage also stimulates the absorption of the products of decomposition set free by the first part of the treatment. The sitting may occupy six to ten minutes.

The writer has treated three typical cases by this method, in all of which the results have been very gratifying, and while the gland in only one case has been reduced to about the normal size, the others give promise of further improvement by more treatment. One patient, a man of sixty-five, who could not pass a drop of urine without the aid of a catheter, after eight treatments can void his urine freely with less than an ounce of residuum.

In applying iodine cataphorically from a solution of potassium iodide, we get the pure nascent iodine, ingested into the deeper fascia, which is not so irritating as the same medica-

ment in alcoholic solution; besides this we have, in the cataphoric method, the iodine driven into the tissues in the most minutely subdivided condition. This latter fact of itself is most important, because it takes much less of the medicament to do the work, as in the case of our tablet triturates, where oftentimes one grain of the medicine does the work of ten grains, because exhibited in such minutely subdivided state.

Again, the alcoholic tincture of iodine is not so easily absorbed as some suppose, and even when we can apply it to an enlarged gland, the effects are not the same as when the method given in this paper is employed.

I have painted an enlarged thyroid with iodine tincture for weeks and months, with scarcely a perceptible diminution in size, while, by the cataphoric method I have reduced the neck measure two and one-half inches in sixteen treatments.

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CAPILLARY BRONCHITIS IN CHILDREN.*

By C. S. COPE, M. D.



THE season of the year suggests the caption of this article. To those who have studied the charts of the reports of the State Board of Health of Michigan, there comes the settled conviction that diseases are of certain origin and may be expected at certain seasons, their character being determined by atmospheric vicissitudes. Some diseases are air-borne; some are water-borne; some are carried by the bodies of birds or animals, or by human contact. A familiar water-borne disease is typhoid fever, prevalent when waters are low in the wells. Air-borne diseases prevail most when there are high and changeable winds—during cold and variable weather.

A cursory view of the charts above mentioned shows certain lines rising and falling across the page, as the peaks and valleys of a mountain chain show upon a map; the tops of the curves corresponding to the mountain-peaks and greatest intensity of disease, the depressions to the valleys and the subsidence of epidemics.

To look over these charts and compare them year after year for the period of a decade, not-

ing the paths or the orbits of epidemics and the regularity of their recurrence, makes us feel that they are the record of scientific facts, and as such to be incorporated into our work as the initial step in our study and combat of disease.

Take for instance the curves of high winds, followed by tonsillitis and this in turn by rheumatism, following each other through a dozen years as constantly as the seasons pursue each other. They make us ponder deeply. The disturbance of the atmosphere by high winds causes sore-throat, because the tonsils, placed at the gate-way of the trachea and œsophagus, acting as guardians, seek to arrest all intruders. The spongy substance arrests the hordes of disease-germs borne by the air. Finally there are more than can be managed; the tonsils now become the avenue through which they gain admission to the blood, and rheumatism is the result.

Or take the disease called grip. What is its mode of attack? Continued cold weather furnishes an excess of ozone, with an increase of grip germs. The ozone is the vanguard of the disease—the sappers and miners of the terrible army. Drying and cracking the mucous surfaces as the cold chaps the hands in winter, the work of the sappers and miners is accomplished. The inspired air, passing over the cracks and wounds, is charged with grip germs. These, falling into the open mouths of the capillaries, are rapidly carried into the blood-stream to proliferate and multiply, till the phenomena of grip are before us.

In capillary bronchitis we have a similar condition, induced by cold air and atmospheric changes. The mucous membrane of the finer bronchi becomes infected with colonies of microbes. These rapidly increase in number, and intrenching themselves in a seat extremely difficult to reach, will, if not dislodged, speedily cause a rapid termination of life.

You know that the trachea and its branches are often likened to a tree, called familiarly, the bronchial tree; an inverted tree, it is true; the base at the upper end of the trachea, and the lungs corresponding to the leaves and finer branches. Let us reverse the tree and, climbing into its branches, seek to know its structure. We find it is a hollow tree, so we enter as we would a hollow tree and climb in the inside. We find that it is a great tube, like the tunnel under the St. Clair river at Port Huron. Many rings of cartilage almost, but not quite, encircle it, for like an open link or the ends of the capital letter C, they do not quite meet,

*Read at the reorganization of the Union Medical Society of Northern Michigan. Held at Belding, Michigan, January 11, 1900.

the open space being filled with muscular tissue.

This tube is lined with mucous membrane, and little hairs or cilia appear as we advance. The tree grows smaller in diameter as we proceed and when we come to the smaller branches, where the finest bronchi blend with the alveoli of the lungs, they have lost the cartilaginous structure of the larger tubes, and have now become thick bundles of annular muscular fiber cells, forming a sort of drawing-string or sphincter muscle. Upon this muscular layer lie the thick, longitudinal, yellow, elastic fibers, which are continued on into the texture of the air-vesicles themselves.

The foregoing, which can be found in any modern text-book, is only to refresh our memories and to explain the location of the disease we have under consideration, and to show how the quick action and explosive propulsion of air from lungs to larynx can be produced, and that useful agency, cough, brought into play to dislodge intruders from the air-passages.

Now, in cough there is a deeper inspiration than ordinary, or a premonitory gasp—a forcible closure of the glottis—a contraction of abdominal and thoracic muscles, as well as of those lining the air-passages; a condition, if you please, of compressed air. When this charge is compressed to its fullest extent, the column of air is pushed against the offending substance, the cilia erect are ready to sweep out anything that reaches them, when by a sudden opening of the glottis, the compressed column of air rushes out of the mouth with the familiar intonation known as cough.

But while Nature is thus bringing her mighty machinery to assist the human body to rid itself of these parasites, Nature is also rushing to the aid of the parasites, causing them to inflame the parts, producing exudation, filling up the lumen of the tubes, paralyzing muscular action, hardening mucus, blocking up the air-passages, resulting in rarefied air, rapid heart, wheezy respiration, rise of temperature, clogging of all the emunctories, short breathing, cyanosis, microbic triumph. And all the time Nature keeps firing her salute, loud at first but fainter and fainter to the last. Need I say that the compressed-air gun is the ordinance and the cough the firing we hear? A perfect cannonade, but like the plugged shells fired by the Boers at the British while the marksmanship is fine and the fire accurate, it fails to be effective, for the shells do not burst and are of no more use than so much solid shot. So with Cough; it fails to explode, and

thus the great citadel of life is taken and no flag of truce or surrender is shown.

In such desperate conditions the physician appears upon the scene. If he is a physiologist and a pathologist, as well as a doctor, he will know how to relieve his patient and save the day. I need not weary you with a description of this familiar disease. You have all met him, with what success let the undertaker's books attest. Let us hope no fatalities have yet occurred in your practice, but beware, they will surely come if you are not fully up to the occasion each and every time.

It is not the intention of this paper to be a dogmatism pure and simple, but to be a friendly sign-board, pointing to safe ways.

All authors state that capillary bronchitis is accompanied by constipation of the bowels and a disordered action of the kidneys, fever, labored respiration, cough, cyanosis, debility, exhaustion. These cases call for prompt action. Not only the bronchial tubes but the patient requires your care.

In fifteen minutes you will be pleased to do what is outlined below. Order hot water for complete immersion of the patient. Inject at once into the rectum two drachms of glycerin. If the bowels do not move in five minutes use large enemas of hot water. In short, empty the lower bowel at once. By the time this is done the bath is ready. Plunge the patient up to the chin in quite warm water and keep him submerged for five to ten minutes, rubbing vigorously all the time. Have ready warm flannel sheets to wrap him in. Before he is taken from the bath wring from cold water an ordinary towel. As soon as the patient is taken from the bath and rubbed dry, place the cold wet towel around the chest from arm-pit to diaphragm, wrap it around several times and cover with dry flannel. Now wrap the patient in warm blankets with a hot water bottle at the feet.

While this is going on you will prepare the following remedies: In three glasses, each containing twenty-four teaspoonfuls of hot water, you will make the following solutions: To the first glass add for each year of the child's age (and one granule extra for what adheres to the glass) one granule of aconitine, amorphous alkaloid, gr. 1-134. To the second glass the same number of granules of strychnine nitrate, gr. 1-67. To the third glass add double the number of granules of apomorphine, gr. 1-67. On the same table lay ten tablets each containing calomel, gr. 1-10; sodium bicarb., gr. 1.

Let the following directions be given: Stir the liquids well before using. Give in alternation one teaspoonful every ten minutes till the fever and cough are relieved. Give one tablet every half hour till the bowels move freely.

In addition, dissolve in half a tea-cup of hot water two teaspoonfuls of granulated sugar. Keep this hot, giving one-fourth teaspoonful between the doses of the medicine. Continue till the cough abates.

Now I must appear before the bar of your judgments and give a reason for the hope that is in me, which I now proceed to do.

First. The alimentary canal and the bronchial tubes are as much outside of the body as is the palm of the hand.

Second. Peristalsis is the action by which the bowels rid themselves of their contents.

Third. The contraction and expansion of the elastic fibers of the bronchial tubes are a sort of peristalsis, by which they free themselves of accumulations in the act of coughing.

Fourth. By applying certain remedies to remote parts of the body we induce a reflex action, whereby the seat of the disease is reached in an indirect manner.

The enema unloaded the lower bowel and lessened the arterial tension somewhat. The bath relaxed the system, opened the pores of the skin, and induced perspiration. The cold pack about the chest, by shock caused deeper inspiration, and a temporary spasm of the vessels of the skin, to be followed by capillary congestion. The cold assists in reducing the fever, and the pack remaining on for some time takes the place of poultices, and holds the capillaries of the skin to full tension. The aconitine acting on the heat-centers relieves congestion and fever, while as a nerveine it restrains rapid heart-action. The strychnine furnishes the cerebro-spinal stimulant, acting as a powerful tonic and support to the vital powers. The apomorphine softens the inspissated mucus and dried excretions, relaxes the bronchial spasm, acting directly on the seat of the disease, rendering the cough of service by liquefying the obstructions and making it easier to dislodge them.

The calomel unloads the upper part of the digestive tract. The portal circulation is relieved of engorgement, the bile runs free and the bowels carry off the offending contents.

The hot water and sugar are helpful. The heat in the throat reduces congestion due to cough. The sugar acts as an emollient and as a food. The rapid administration of remedies is useful, for the very act of swallowing

in these cases has a beneficial action on the heart.

You will find that your patient will fill up because of repeated dosing, and as a result will vomit. This is part of the program. The vomiting is necessary to get rid of mucus swallowed, for children do not expectorate. Some may object to the use of sugar for children, but it is found to be perfectly safe and highly beneficial.

The statement that sugar is a food of value may be to some a revelation, but when we consider the vast quantities of sugar consumed in this country, we are forced to the conclusion that this is not all for the gratification of taste. Any careful housewife will assure you that her sugar bills exceed her flour bills. The soldier with the greatest amount of sugar in his rations will endure the most fatigue. Mountain climbers find that the guides consume great quantities of sugar when scaling lofty heights. It is slowly filtering through the minds of teachers that sugar makes more than fat, while physiologists place it high among food-stuffs, and one that makes muscle as well, producing body heat. Nearly all the efficiency of modern cough syrups is in the sugar they contain. Sugar given in hot water, in small and frequently repeated doses, assists greatly in quieting bronchial and laryngeal cough.

Ionia, Mich.

REGULATING SEX IN OFFSPRING.*

Theories Ancient and Modern.

BY ALICE LEE MOQUE.



THE recent publication of the discovery by Prof. Schenk, the celebrated Australian savant, of the law governing sex, has received universal attention; the theme being not only of interest to scientists and others engaged in theorizing on abstruse subjects, but of vital import to the world at large. The question is one which appeals to every father and mother in the human family, and its answer is not only of weight in deciding the rulers and destinies of nations, but of especial importance as affecting most closely the individual in each family and home.

From the earliest ages the law has been

* Read before "Home Circle No. 2, National Congress of Mothers." Washington, D. C.

sought, regulating sex in offspring, but it is still the most carefully guarded secret of Dame Nature, the mystery of mysteries, the *Fata Morgana* which is always apparently in sight but never reached. As in the past, savants, philosophers and sages have studied and toiled in vain to filch from Nature the answer to the riddle, and from time to time the world has been told that the secret has been discovered, only to find that in the end each new theory in turn has been weighed in the balance and found wanting.

The ancient Jews, desiring to stamp out the sex-worship of those who followed strange gods, very illogically declared "unclean" all that had any connection with sex, dishonoring not only procreation itself, but (losing sight of the sublimity and holiness of the Infinite design) impugned the purity and sanctity of the Divine plan for the perpetuation of species; a prurient false-shame—which still cries unclean—born of sexual ignorance, which hides its eyes and forbids all mention of "delicate" subjects, while powerless to conceal the dread result of sexual crimes which a rational education and knowledge of natural law alone can hope to alleviate and prevent.

In the past, from the very dawn of history, man has arrogated to himself all the honor and power due to his supreme elevation above woman, as "Lord of Creation," clinging steadfastly to the error of the ancient sex-worshippers, who adored the seen and ignored the unseen, mistaking through ignorance of the laws of procreation the lesser and minor power for the superior and vital force, which science now declares is the supreme factor in the perpetuation of species.

Over his own signature Professor Schenk asserts: "All former theories and hypotheses have been proved false. According to my discovery, the man has no influence whatever on the sex of the child," and the great savant assertively adds: "It all depends on the woman." But forgetting this plain statement, even the Professor himself lapses into the speech of the male egotist in the next breath, and tells us unblushingly: "It is by my own choice that I am the father of six sons;" without any word of explanation as to the choice of his good wife, or the honor due her for her successful proof, of a theory whose very foundation stone is the statement that the sex of offspring "all depends on the woman." But while man is as yet loath to give up his long-cherished fallacy of sexual supremacy, the day is close at hand when woman will see clearly

her own divinely appointed powers; the fiat of natural law as revealed by the analogies of Nature, proving irrefutably the justice of the Creator in giving not only to woman the pains and agony of labor, but the honor and power rightly vested in her as the mother of the race; a power so supreme, so immutable, that through it, and by it, the human family is inevitably made or marred.

The world may rest content that, if as Prof. Schenk so boldly claims, "all other theories have been proved false," his too must share the same fate, as his "discovery" is based upon a very old theorem, recognized by scientists as but one of the many speculative explanations of the phenomena of the differentiation in germ cells.

The renowned savant's plan consists in "efforts directed toward producing in embryo the right number of blood-corpuscles required by the male," which is, we are told, "effected by suitable nourishment of the woman." It is evident to those familiar with the older theories, that there is nothing new in this idea of the nourishment of the female being a factor in the regulation of sex, as it has long been recognized as such; but that any efforts directed towards producing a certain number of million corpuscles in the blood, to secure male offspring, is practicable, may well be doubted by not only the scientific world but by the public generally. Virchow points out that it is a generally accepted fact, that the germ-cell is originally either male or female, and not bisexual as Prof. Schenk asserts; and as a consequence the influence claimed is quite impossible. To the unscientific reasoner the absurdity is evident, of seeking to establish by a few isolated cases such a sweeping assertion, which is utterly impracticable, as every known theory has been based upon just such an intangible and vain sophistry.

Dr. Parker, of Harvard, while admitting that food has undoubtedly something to do with sex, states that it is not the only thing to be considered, and "that any theory depending upon that alone is one-sided and does not answer every case." As women and mothers, we are more closely interested in this question of sex than any savant or scientist can possibly be, and having each one had a personal experience, may be pardoned for daring to question even the great savant's so-called "discovery," which is, after all, not the long-sought law regulating sex, but merely at best a theory of feeding to produce males.

For myself I make bold to confess that

aside from the value of all theories in opening up discussion, I, as the mother of sons, am more interested in a discovery which shall disclose the real secret of the sexual differentiation in the germ cell, the great and universal law which we know must regulate the sex of the embryo, for in Nature it is law, not chance. We agree with the great biologist who says that: "A good theory of sex will include every kind of stimulus known to influence sex at all," to which he adds by way of explanation: "By stimulus I mean natural causes."

We are taught that the analogies of nature are perfect, and it is well to study closely the fundamental truths which science has already unfolded, to the astonishment and dismay of the male egoist, proving the very small part played by the masculine element in the reproduction of the lower species. It is said: "Go to the ant, thou sluggard; learn her ways and be wise," but the newer rendition will put it: "Go to the hive, my brother, learn the truth and—be still;" for the very fondest dreams of the most uncompromising, strong-minded suffragist cannot picture any such sexual supremacy as is vested in each queen bee, a supremacy of not only a reigning sovereign, but the supreme will, regulating the sex of offspring and nullifying into absolute insignificance the much-lauded masculine force.

A study of the newly formed embryo in the human species proves our close relationship with our animal brothers, the impregnated ovum of the dog being absolutely analogous to the embryo child; and this fact gives color to the hope that through a scientific study of the laws governing the lesser creation we shall at last reach the solution of the time-worn riddle of sex.

Hattorff was supported in his opinion regarding the queen bee being capable of self-impregnation, by Schirach and Wilhelmi, but the latest evidence goes to prove these learned gentlemen were far from recognizing the true grandeur of the queen's sexual independence, and her parthenogenetic powers—that is to say, the reproductive power vested in the virgin female.

According to Aristotle: "The father confers the impulse to movement, while the mother contributes material." Weissmann, the great German savant and author, in his learned work "The Germ Plasm," quotes Lowenhoeck and other "spermatists" as holding that the male element alone forms the substance of the embryo, but Swammerdam and Malpighi, be-

longing to the so-called "ovists" concur in the view of Aristotle, that the mother gives rise to the substance, and male influence is limited to an *aura seminalis*, which at the same time acts as transmitter of movement.

It is not considered permissible at this time to speak openly of the old phallic reverence of the male triad as the god of generation; a fallacy which gave birth to the favored-sex idea, and to dogmas, prejudices, customs, and the blind sexual ignorance which still cries "Unclean," and shuts out the light of reason. The effects of the old phallic worship cannot be covered. Every church spire, every priestly robe, every monument, attests the permanency of error, when the error is dear to the masculine heart, and built on sex-bias and man's own discovery of his born-supremacy.

But let us not quarrel with our good brothers; the time will come when they will recognize that the great secret of all evolution lies in the once-despised chattel, bought and owned, body and soul, by her master being taught to do her divinely appointed task, in the light of science, maternal education and obligation. Given by the Omnipotent the grandest work ever intrusted to mortals, he will help her to secure the broadest and highest education, that she may be no longer ignorant and careless of the trust imposed upon her but a skilled workman, a Past Master in the Art of Arts, the Mothering of Perfect Progeny.

All recognized views regarding the necessity of the union of the two sexual elements to secure offspring, have been overthrown by the data secured by scientists from a study of bees. Bessel experimented by cutting off the wings of a virgin queen bee to prevent her taking what is called her "nuptial flight." He then discovered that although she had been prevented from being fertilized (by union with the drone or male bee), she was quite as prolific and her eggs as fertile as if she had been impregnated by the male, but with this one notable exception—the eggs laid *one and all* developed male individuals. In other words, the male bee is a lesser creation, the unfertilized egg of the virgin queen producing them *ad infinitum*, without any other than her own sexual stimulus. More than this, the one use of the male bee is the fertilization of the queen's eggs to produce the female or working bee. Hence it is plain that so far as the bees are concerned, the male is not only merely of sexual use to procreate females, but he himself is the result of an unimpregnated egg, lacking in the force and stimulus necessary to create

the so-called "weaker sex." It is well to give further data on this new idea, reversing all the old theories, nor will it be difficult to do so, as there are not only numerous cases in which the male is used merely as the female's sexual adjunct, but used and abused as woman herself has been by her more animal mate.

After the nuptial flight of the queen bee we learn she returns to the hive "with the unmistakable proof of not only the success of her errand" but leaving the deserted drone, mutilated and robbed of his power, to die on the ground. This same aspect of the toleration of the male merely for sexual purposes by Dame Nature herself, is also proved in the case of certain kinds of spiders. Ward states: "In one or more species (spiders) the one function of the male is so entirely confined to the one duty of impregnating the female, that it is a regular practice of the latter to seize and devour her miniature consort as soon as this duty is performed." (*Dynamic Sociology*, p. 657, Lester A. Ward.)

Hensen states the fact that among many insects, e. g., bees, wasps, etc., parthenogenetic ova—the eggs of the virgin female—give rise to male individuals only, while in others (namely *Psyche* and *Solenobia* among *Lepidoptera*, and *Apis*, *Artemia* and *Limnadia* among *Crustacea*) only females are produced; while further in many *Lepidoptera*, as *Liparis*, single eggs possess a power of development without male fertilization, but only into male insects, or into caterpillars which afterwards die; or in other cases, only so far as some earlier phase of embryonic life." Weissmann admits there are various "degrees of sexual force," and Hensen considers it evident "that male offspring are produced by a smaller force than that required to produce females." He also states it to be his opinion that "eggs, from which without fertilization *males only* can arise, possess a *smaller* sexual force than those which without fertilization produce females.

Dr. R. T. Trall, in his splendid work on "Sexual Physiology," upholds this idea of the feminine superiority as regards sexual force. He states it as one of the laws of sex that, "If the female germ has greater vitality, is more richly endowed with protoplasm, the ovum will develop after female form. Sex is simply a matter of force, not of the whole parent, but of the minute particles which have been detached from the parent and united to form the individual."

Very beautifully coinciding with these views regarding sex and sexual stimulus is the stock-

breeders' theory known as Prof. Thury's Law. According to Dr. Naphey, the Professor's law is based upon innumerable successes with cattle and horses, it having been discovered that the time of impregnation is the greatest factor in regulating sex. The law for stock-breeders is brought down to the simple statement: "If you wish to produce females, give the male in the first signs of heat; if you wish males, give him at the end of the heat."

Not only does this law prove most efficacious with horses and cattle, but with dogs, cats, and, in fact, all the animals of the farm yard.

It is known that the one impregnation of the queen bee at the time of her nuptial flight is sufficient for her whole life. She can afterwards lay eggs of both sexes at will, and does so, depositing the ova of the drone in the drone cell, and the impregnated eggs only in the queen or worker's cells, with a design which puts to blush the ignorance of her human sisters of the genus *homo*, who even to-day understand very little about their part in the sublime task of procreation. In the *Philadelphia "Medical and Surgical Review"* just thirty years ago appeared an article, written by an eminent physician who quoted numerous instances of the success attending Prof. Thury's stock law, when applied by parents to secure the desired sex in their progeny. Whenever the union had taken place in from two to six days after the cessation of the menses, girls were produced, and when the union had taken place from nine to twelve days afterwards boys had been the result. In the three decades which have elapsed there has been no more reasonable theory advanced, nor one carrying with it a greater volume of substantiated facts.

In the case of the queen bee, it is known that she *first* lays—if impregnated or fertilized—female eggs, and afterwards male. With birds the case is the same, also with hens, and from experiments made by Mr. Knight it is observed that the effects of late fertilization, when the female has been prevented from having intercourse until just about to lay, the eggs are so far advanced in development at the time of fertilization that the proportion of males to females is as high as six males to one female. This is explained by Dr. Trall: If the ovum is impregnated very soon after being matured it is far up in the fallopian tubes and consequently a less number of spermatozoa reach it, while later the reverse happens and the male element will preponderate." May it not also be that when first cast off the female ovum is strong, and full of feminine stimulus,

while later, like a fading flower, it loses its perfume and more rapidly imbibes and retains the fresh and vigorous masculine stimulus, as the plant receives the golden hue of the pollen, dusted upon it by the feet of the honey-seeking bee. Trall states that "Girou found that if female flowers of deciduous plants be fertilized, as soon as fit to receive pollen, the seed resulting produced mainly female plants." Hence it seems to be established that by the analogies of Nature the time of impregnation is the greatest factor, so far discovered, tending to regulate sexual differentiation in offspring; whether the bird on the bough, the humble barnyard fowl, or the expectant heir to vast estates, regardless of even the now famous "extra million of corpuscles required to secure a male."

It matters not what objections may be raised to Professor Schenk's discovery, we will stand with him in upholding the new doctrine, "It all depends on the woman"; and we shall do more, by endeavoring to bring into being males of superior mind, who will cease to seek to nullify our powers and importance by prating of "my six sons", and "my own choice", forgetful of the rights and honor due the superior sexual force which brings into being all the children of the human family; men, who will seek only the further enlightenment and manumission of woman, and her ideal education for the sublime task intrusted to her alone by the fiat of the Infinite.

And now one last thought: May it not be that while this great unfathomable mystery remains as in the centuries past, an unsolved enigma to the savant eager for fame, the scientist ardently endeavoring to prove his theory, the doctor seeking financial success, the law may yet be revealed to the observing eye of some feminine Newton, whose tender heart is stirred with maternal love and maternal forethought for the little atom whose heart will pulsate in unison with her own? May it not be that Dame Nature is only waiting the eager questioning of one of her own daughters, to reveal in all its simplicity the majesty and grandeur of the long sought laws regulating sex?

It may be claimed, that "women have no business trying to discover their fitness," as voting, bribing politicians; or that their initiation into the mysteries of senatorial elections will tend to promote any greater veneration of their brothers' superiority and moral fitness to represent the voiceless half of the population; but when it comes to the vital topic of sexual education, each one of us must feel that here is

holy ground, sacred alone to us as the humble instruments in the hands of God, to work out the salvation of the race. Maternity will one day be recognized as the all-powerful influence which, rightly understood, elevates the woman to the very presence of the Infinite. With a thorough conception of her own position, and her consequent honor and supreme importance in shaping the destiny of the world, may not women cast aside the fetters of the past, and live up to the ideal womanhood which shall uplift and bless all humanity, by bringing into being perfect, purposed progeny?

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SOME FACTS REGARDING VARIOLA.

By C. E. Witham, M. D.



THE scope of this investigation does not include the diagnosis and treatment of smallpox, but some facts not well enough understood and some popular errors which are of serious character will be considered.

The early history of smallpox is obscure. Arabia seems to be the country which gave it birth, but it reaches all climes and prevails in all seasons. A physician of Bagdad, at the beginning of the tenth century, appears to be the first writer describing the disease, although it was mentioned 400 years before. But prior to 569 A. D. it was not recognized as a distinct malady. It is a curious fact, showing the laxity of observation in former times, that smallpox, measles, chickenpox and scarlet fever were all regarded as but different forms of the same disease. It was not until the middle of the seventeenth century that these vital errors were corrected and specific treatment given these distinct diseases. So late as prior to 1708 it was not understood that smallpox was contagious, and as no means were used to restrain its spread it periodically ravaged the world.

The fatality of smallpox was aggravated by the old-time treatment. Then it was thought that the eruption was but an effort of nature to clear the system of retained poisonous material. This theory brought heated and unventilated rooms and hot drinks which worked much mischief. But the treatment of to-day is more successful; and yet unmodified smallpox remains a terrible disease. A second attack is very rare, but after many years one may suffer a second time, as is the case with measles, and even a third attack has been known and to be fatal. As in the case of vaccination, in

some individuals, time appears to modify the usual immunity.

The mortality in unmodified smallpox ranges between 25 to 50 per cent. But here we notice a very curious fact, that where it is induced by inoculation the mortality is not more than one in 700 cases. Why should the virus when directly introduced through the skin be so highly less fatal than when inhaled from the atmosphere?

Inoculation with smallpox virus was the first step in curbing the destroyer. It had long been practised by the Turk, but was first introduced into England by Lady Mary Wortley Montague, who while abroad had witnessed the operation. Through her instrumentality five criminals who had been condemned to death were inoculated. Then in 1718 it was performed upon her son and daughter. The seven cases were successful. But the procedure met with great opposition from the public. It is said that this woman was a person of great beauty, courage and acumen. She had lost an only brother and her own beautiful eyelashes by the disease. These misfortunes must have inspired her efforts in this matter. In 1716 she visited Constantinople, and it was at Belgrade that she first witnessed inoculation for smallpox. In a letter dated, Belgrade, 23 March, 1718, she alludes to the inoculation of her three-year-old son as follows: "The boy was ingrafted last Tuesday, and is at this time singing and playing, very impatient for his supper; I pray God that my next may give as good an account of him. I cannot ingraft the girl; her nurse has not had the smallpox." The girl was afterwards ingrafted and both cases did well. This boy developed an erratic life. While a boy at school he ran away and took to the sea. When a man he married a woman about old enough to be his mother and in a few weeks deserted her. He embraced the Catholic faith, but afterwards went to Egypt where he became a good Mohammedan. He published books as his own, the authorship of which was claimed by his preceptor.

We have seen the role played by woman in the introduction of inoculation. And now, about fifty years later, it was through the casual remark of a young woman, made to his preceptor, that caused Edward Jenner, after years of reflection and experiment, to demonstrate the value of vaccination, and thus become one of the world's greatest benefactors. Young Jenner while a student of medicine, heard this young lady remark that she could not take smallpox as she had already suffered from

cowpox. Jenner was but a boy, but this remark impressed his philosophic mind. He found that the tradition of the rural people, that the disease contracted from the cow gave immunity from the more severe smallpox, was true.

At the age of twenty-one he became a pupil of the great John Hunter, to whom he in 1770 communicated his discovery. Hunter at the time made mention of it in his lectures, and advised his pupil to "quit thinking on the subject and try." It is strange that such a man as Hunter did not himself "try." But no other person so much as encouraged Jenner to try. On the other hand he met with contempt and ridicule on all sides. But, undaunted he next found that the protecting virus could as well be taken from persons suffering from cowpox as from the cow. In 1796 he vaccinated a boy eight years of age, his first subject, with virus from the hand of a milk maid who had contracted the sore from the udder of the cow. This boy was afterwards inoculated with smallpox virus twenty times to no effect. Here at last was satisfactory demonstration of a great fact which was to save millions of lives and benefit humanity through all time. He had been nearly thirty years contending against opposition and working it out. Jenner now, in 1798, went to London to introduce his great discovery. Here he encountered the old treatment of ridicule and aversion on every hand. It was said to him that he was debasing humanity by introducing a cow disease. From the pulpit he was traduced, and his discovery denounced as "diabolical." It was feared that horns would grow from the heads of those vaccinated. But the truth was finally appreciated. In 1802 parliament granted him a reward of 10,000 pounds and in 1807, 20,000 pounds more, while India bestowed on him nearly 8,000 pounds.

Jenner died suddenly, and the esteem in which he was held is another example that:

"Men may rise on stepping stones,

Of their dead selves to higher things."

He left the world with as little idea of what he had accomplished for mankind as Columbus had of his discovery when he landed on San Salvador.

The value of vaccination lies in two directions. First, its protective power. But we do not find immunity subject to very regular laws, as far as we can comprehend. We find in one epidemic, out of 2,000 cases, only one and six-tenths per cent of vaccinated persons had the disease and but one vaccinated person died.

Second, its modifying power. Perfect immunity is not obtained in all cases, but the disease is so modified as to be of little harm. It has been proved that protection is most perfect for the first few years following vaccination. The average is that after ten years it declines, and after the expiration of fifteen years revaccination should be resorted to; but yet it appears that in a few cases primary vaccination protects for a lifetime. It has been noticed that the protective power declines more rapidly than does its modifying effect. And it is a curious fact that some diseases, especially typhoid fever, tend to lessen or destroy immunity. After such diseases revaccination should be practised. This important fact is not sufficiently recognized. Puberty also modifies immunity and calls for revaccination. Then it has been observed that persons recently vaccinated are more perfectly immune than are those who years before have had the disease. This instructive fact tells a good deal for revaccination and against trusting primary vaccination for lifetime protection. Many persons fancy themselves well protected when they can show a large, smooth and glistening scar; all such marks are spurious and of no value. A vaccine scar to indicate protection should present a pitted surface regardless of size.

Vaccination is generally looked upon as a very simple matter and an operation which may be performed by any one. It is apt to be made in a careless and unscientific manner. It should be aseptically done, which requires care and skill. Pure lymph may be used and yet bad results follow from external septic causes. Or some internal latent, septic condition of the system may be awakened to activity which cannot properly be charged to vaccination. Then, it is well known that fatal blood poisoning may follow slight traumatic abrasion of the skin, from the absorption of toxic germs.

Aseptic vaccination may be performed in several different ways, some of which are as follows: Bathe the part selected with an aseptic lotion, then, after introducing the virus, cover with oiled silk which has been immersed in absolute alcohol. Over this apply antiseptic gauze dressing which may be retained in place by adhesive straps. Another method: Sterilize the part with a boric acid, carbolic acid, or alcohol wash; then introduce the virus and immediately cover with wet boric gelatine which forms a semi-transparent covering through which the process can be readily observed. On the eighth day renew the covering and dust the part with a powder of equal parts of boric

acid and acetanilid. Over this apply the gelatine dressing as at first. Cases thus treated are very satisfactory, they develop less redness and inflammation. Still another way: Place a patch of aseptic felt having a small hole in the center over the part, the side applied to the skin is dressed with some adhesive substance. The abrasion of the skin may be effected either by liquor potassa or an instrument. Apply the virus and cover with fine aluminum wire shield retained in place by adhesive straps. A clever way to deal with children and effect a painless operation without the display of instruments is as follows: A piece of sponge is saturated with liquor potassa and applied to the skin until slight burning is felt; then rub off the cuticle, apply the virus and use aseptic covering. This is without shock, and the operation retains the respect of the child. A good many adults are childish about vaccination. Let no antiseptic material come in contact with the virus. If aseptic vaccination was practised in all cases, we should not encounter so many bad results. Remember to keep the fingers from the vaccinated spot, as the nails may carry sores to undesirable locations and produce disagreeable results. An instructive case of unconscious vaccination is reported by Lamb. He says: "The father had attended to the child's arm, on which there were vaccine-sores, and had then on several occasions micturated without previously washing his hands. There subsequently appeared typical vesicles both upon his penis and upon the labia and the margins of the urethral orifice of his wife. These ran the typical course of vaccinia."

Recent discovery goes to show that the value of vaccine virus may depend upon the presence of a diplobacillus which probably is always present in all stages of the sore, as can be demonstrated by culture. May this bacillus be a product or the bacteriologic cause of smallpox? But further investigation is required to establish the truth.

Stengel says: "Secondary infections with various micrococci or other organisms are common in smallpox and vaccination, and may play an important part in pustulation, and in the more definite complications, such as septicemia, pneumonia, hemorrhagic septicemia, erysipelas and the like."

We do not know the significance of these foreign bodies. Are they offspring of cell-degeneration, as some are disposed to think?

These secondary infections are often the cause of self-deception. A person may measure his protection by the severity of symptoms

and the size of the scar he may be able to show—and yet have no immunity.

There is some reason to think that glycerin virus is the only form that should be used. Some investigators have found that glycerin appears to destroy the foreign micro-organisms which are often present and are septic in their nature. If this proves to be the case a great advance will have been made in aseptic vaccination and much objection to the operation removed.

Smallpox develops in about twelve days after exposure. Vaccination gives protection in seven days. So it may be made to modify the disease already contracted. It is a curious fact that some persons will take re-vaccination every few years, while others appear to be natural immunes and do not require primary vaccination.

But it must be granted that vaccination is not entirely free from objections. It must always be a choice between two evils. Some disagreeable diseases may be transmitted by it, but they weigh nothing against the good accomplished. One must consult ancient history to realize this fact. Prior to Jenner's time the world was periodically devastated by the awful disease, which is now stayed and could with concert of action be stamped out of the world.

The fact that cases inoculated with smallpox virus prior to the introduction of vaccination, average but one fatality in 600 or 700 cases, is a fact pregnant with suggestion. This remarkable result was most likely brought about by preparatory hygiene and dietetic measures, which were always observed. If the same precautions were taken in vaccination the results would be far more favorable. The surgeon prepares his case against septic infection by placing the system in vital activity and removing all abdominal conditions and surroundings. In this way he promotes wound healing. This preparatory treatment should be practised by the physician in vaccination, making the operation an elaborate one.

Dr. Waugh personally vaccinated 10,000 cases and observed their history. He says: "I always advised vaccination when smallpox was about, some would take every year, others would never take. A tradition exists among the Germans that vaccination cures whooping-cough, and my observation favors the belief. All my experience verified the claim that after successful vaccination, the individual either did not take smallpox or had a light attack." These conclusions are in harmony with those of the writer, after extensive observa-

tions in the hospitals of the United States Army. In view of all this testimony opposition to vaccination is a crime against one's self and humanity. Its legal enforcement would no more infringe upon personal liberty than do laws against theft, vagrancy and drunkenness.

We do not understand just how it is that vaccination produces immunity. There are several theories, the most plausible of which is that the mild disease produced by vaccination feeds upon some subtle elements of the blood which the more severe disease requires for support. This unknown material being exhausted and being of very slow reproduction leaves nothing for the nutrition of the pathogenic germs of the primary disease. But this substance is so minute in quantity that its loss cannot be demonstrated by any chemical analysis that science can apply. This theory has the support of Klebs and Pasteur. But it is not essential that we know just how it is.

Dr. C. O. Probst reports a mild form of smallpox in Ohio, which account has been digested and published in the *Philadelphia Medical Journal*. I take it to be a fair description of the disease which has recently prevailed all over this country and caused such diversity of opinion as to its real character. He says: "Smallpox made its appearance in Ohio April 6, 1898, during the fourteen months following 1882 cases and thirty deaths were reported. * * * * * The disease was marked by its exceeding mildness and by many failures to recognize its character, both operating to favor its spread. Six distinct outbreaks in as many different communities were directly traced to a traveling theatrical company, some of the members of which were affected with the disease. A most remarkable feature of these outbreaks was that in none of them was the nature of the disease thus started recognized until months afterward. The symptoms of the disease were variable. The preliminary fever was in many cases slight and almost unnoticed. Secondary fever appeared in only a small proportion. The eruption in most instances was more superficial than common, involving the true skin less, so that in most cases the pitting was slight. The eruptive period was often much shortened and pursued a somewhat irregular course. While the disease was so very mild, nevertheless several deaths occurred from hemorrhagic smallpox, and two from the malignant purpuric form. Vaccination, even if performed many years previously, gave almost perfect protection. When the disease prevailed in a community for months, masked under

some other name, vaccination became the best means for diagnosis. A house-to-house canvass in such cases, with a history of the patients and their families, revealed the fact that with few exceptions the disease has gone through family after family, picking out the unvaccinated."

One would think that there should be little difficulty in the differential diagnosis of smallpox, as its manifestations are of an external and marked character. And its occasional mild form, and the fact that there must be many physicians who have never been in contact with the disease and thus can have only a book idea of it, may be a solution of the question why such a diversity in diagnosis sometimes exists. But why should we occasionally encounter such mild forms of the disease? Have we not yet something to learn about smallpox? If the disease now so extensively prevailing, and by some diagnosed chickenpox, is not smallpox, why does it so closely resemble that malady and is so plainly influenced by vaccination?

Although it was stated in the outset of this paper that it was not intended to speak of diagnosis and treatment, the temptation is great to briefly call attention to the use of sulphide of calcium in the treatment of smallpox. There is reason to think that the free use of the sulphide prior to the period of pustulation, will hasten and modify that stage and free the system of septic conditions. This is well illustrated in a report of two cases by Dr. J. N. Hurty, Secretary of the Indiana State Board of Health. He says: "Recently while examining two cases of smallpox at North Vernon, Ind., the following points appeared: The patients were male and female, both colored and in different houses. Both had exhibited marked prodromal symptoms, had passed through the papular and vesicular stages, and when seen, the thirteenth day of the disease, pustules were plentiful upon the face, wrists, ankles, over the lines of the exterior muscles, and other parts of the body. The queer point lay with the pustules, for they had a dried appearance, and were without a semblance of an areola. In a word, the usual smallpox pustule was not present. Nevertheless, in view of the fact that the prodromal symptoms and the papular and vesicular stages were well marked, the cases were decided to be variola. Afterwards, in talking about the cases, Dr. Green, City Health Officer, remarked that he had been giving to both patients calcium sulphide at the rate of four grains per day."

We should expect that the usual pitting

would be modified by the free use of calcium sulphide. It is a remedy not fully appreciated the application and merits of which cannot be dwelt upon here.

Lawrence, Kan.

CESAREAN SECTION.

By Harvey F. Getzendanner, A. M. M. D.



F the fetus is removed from the mother by means of an incision through the abdominal and uterine walls, the operation is known as Cesarean section. Perhaps of no operation can it be said that the application of the rules of modern aseptic surgery has accomplished so much as in the one under consideration. It will require time yet, however, before the old prejudice among physicians and laity, engendered by the unnecessarily large mortality which accompanied this operation, can be eradicated. Statistics which embrace operations performed ten or even five years ago, are of but little value, inasmuch as the technique of the operation has been so modified and perfected that results are entirely different. The operation now is no longer postponed until the mother's vital forces have been spent, in unsuccessful attempts, either on her part or on the part of the obstetrician, in delivering the fetus *per vias naturales*.

Cesarean section may be performed either from absolute or relative indications. If the pelvis contraction is so marked that delivery of the child by the natural passages be impossible, or if the pelvic canal be obstructed by solid, benign or malignant growths, the operation is absolutely indicated. Cesarean section should be performed if the mother is moribund, or has just died, if the child is still alive.

The relative indication has a much wider scope, and what is advocated here in this regard would not have been admissible a few years ago, when the mortality rate was so high. However, in the light of recent cases and when it is remembered how great a mortality exists as a result of embryotomy, and how repulsive it is to every physician to deliberately destroy a life, it is certainly clear Cesarean section of the future will be done more frequently for relative indications and as an elective operation. Given an instance of pelvic contraction, in which the chances are against delivery of a living child *per vias naturales*, and the time for induction of prema-

ture labor with resulting viable child having elapsed, the obstetrician is justified in performing the Cesarean section, provided always the fetal heart-sounds are clear and regular. The operation is not only done here for relative indications, but as an elective one, rather than as a last resort, as has too often been the case.

I always carefully prepare the patient for the operation previous to or at the beginning of labor, and before she has had a chance to become in the least exhausted either by nature or by art. I open the abdomen and deliver the child. When the operation is considered from this point embryotomy of the living fetus will become a lost art. Perhaps there is no operation the success of which depends so largely on the many and various little details as in Cesarean section. The operator must make a personal observation of the preparations for the operation, if the best results are to be obtained. Formerly it was thought best to wait for the woman to go into labor before operation was begun, but in these cases, where it has been predetermined that the operation was necessary, it is far better to elect the time of its performance.

The old idea that a certain amount of previous cervical dilatation was necessary, no longer holds good in the light of the fact that a few moments only are necessary to sufficiently dilate the cervix. The advantage which is to be gained by the deliberate preparation of the patient, to say nothing of being able to select the hour and light for the operation, more than compensates for the dilatation of the cervix which the normal labor-pains would induce. The statement that the uterus will contract more firmly if labor has already begun is purely theoretical, for, in point of fact, experience with just such cases has proven that the uterus does contract firmly as soon as it is emptied.

The operation is much more easily performed if a sufficient number of well-trained assistants are at hand. It is wise, however, that as few hands as possible be introduced into the peritoneal cavity, for in this way the possibilities of infection are lessened. There should be an assistant whose sole duty is to administer the anesthetic, another to assist in lifting out the uterus, another to make compression around the cervix, and still another to assume the charge of the child. Two trained nurses will be necessary to wash sponges and manage the irrigating apparatus.

Very few instruments are necessary for this operation. Two scalpels, one pair of laparo-

tomy scissors, two dissecting forceps, twelve artery clamps, four long compressive forceps, one grooved director, one needle holder, six large and six small curved needles, a Koeberle ecraseur and a steel dilator, should complete the list. A perfectly new fountain-syringe with a glass tube will answer every purpose as an irrigator. There should be in readiness eighteen sterilized towels. In place of sponges, pads made of absorbent gauze, large and small and sterilized, should be used. These should be counted before the operation and just before the abdominal cavity is closed. Five yards of ten per cent iodoform gauze, cut in strips three inches wide, and sterilized, should be at hand for intrauterine tampons if such prove necessary. A piece of rubber drainage tubing, three-eighths of an inch in diameter and one yard long, should be boiled and held in readiness, in case manual compression should fail to control hemorrhage. Two sizes of silk Nos. 2 and 4, silk-worm gut and some fine catgut, should be prepared. It is always my plan to boil all instruments and ligatures except catgut immediately preceding the operation, and place in trays containing sterilized water. The operator, his assistants and nurses, must pay special attention to rendering their hands aseptic.

Where the operation is one of election and there is time for thorough preparation, I prepare the patients in the same way as if laparotomy for any other purpose was to be performed. I give a mild laxative for two or three days previous to the operation. On the evening previous to the operation the pubic region is shaved and thoroughly washed; a compress which has been wrung from a solution composed of one part of the tincture of green soap and three parts of water, is placed over the abdomen and held in place by means of an abdominal binder. The next morning the patient is given an enema of soapsuds, and a vaginal douche of 1 to 3000 bichloride of mercury solution. The towel is removed and the entire surface of the abdomen is washed with 95 per cent alcohol and afterwards with 1 to 1000 bichloride of mercury solution. A piece of damp bichloride gauze should be placed over the abdomen and confined by a few turns of a roller bandage; this the patient should wear to the operating room. She should be catheterized immediately before operation.

When the patient is brought to the operating room she should be placed on a firm table, in the dorsal position, with the knees slightly flexed. The upper and lower parts of the

body should be covered over with pieces of new rubber cloth, and these in turn with sterilized towels. The abdominal dressing is removed and the abdomen again washed with bichloride of mercury solution, 1 to 1000.

The operator standing on the patient's right makes the ordinary laparotomy incision, extending through all the layers of the abdominal wall. This incision can now be safely enlarged with the scissors to a point about four inches above the umbilicus, using the fingers of the left hand to protect the intestines. Five or six heavy silk sutures should be passed through the upper three-fourths of the abdominal incision and left untied. The uterus should now be turned out of the abdominal cavity. This is easily accomplished if it is drawn toward the operator, so that its left border is made to appear in the wound, and then depressing the abdominal wall underneath it. The temporary silk sutures are now to be tightened, care being taken that no loop of intestine is caught within their grasp. The uterus is enveloped in warm sterilized towels and held by the assistant. Sterilized absorbent gauze is placed around the lower segment of the uterus and over the abdominal incision, so that no blood or other fluid may enter the abdominal cavity. A second assistant grasps the lower segment of the uterus with both hands lightly, prepared to control hemorrhage by manual pressure if such become necessary. The uterus is to be opened by making a 4 1-2 inch incision through the median line of its anterior surface, embracing the middle third of its length. The assistant who is grasping the lower segment of the uterus should compress it firmly at this time to control the hemorrhage from the uterine wall. I always make the incision rapidly, and if the placenta is attached anteriorly I push it to one side and extract the child. As soon as the child is withdrawn I clamp the cord with two compression forceps, cut the cord and remove the child. An assistant should have charge of clamping the cord, etc.

I then at once turn my attention to the placenta, and if it is adhesive rapidly peel it off and remove all placental tissue carefully. It is frequently a wise plan for the assistant, whose duty it is to steady the uterus, as soon as the child is extracted to grasp the edges of the incision between his thumb and fingers, and in this way assist in controlling the hemorrhage from the cut uterine tissue. At this point a hypodermic injection of the fluid extract of ergot should be made into the gluteal region.

If the cervical canal will easily admit the

finger, no dilatation is necessary; otherwise the steel dilator should be introduced through the incision and the canal gently dilated. The uterus should be packed temporarily with iodoform gauze—ten per cent—and the sutures introduced. The uterine incision should be carefully closed by means of two sets of sutures, a deep one of No. 2 silk, which passes through all layers of the uterine tissue except the mucous lining and the serous suture of No. 4 silk. The deep sutures should enter the uterine tissue, one-eighth inch from the line of the incision, and, passing diagonally outwards, into the uterine tissue, reappear just above the mucous lining of the uterus. The needle used for this suture should be a half-curved, perfectly round needle, possessing no cutting edge. These sutures should be placed about one-half an inch apart.

Time is such an important element in this operation, that any device which can safely be used to expedite its performance should be adopted. By threading the needle with a piece of silk sixty inches long, and passing the sutures in the same way as if they were to be continuous, except that the loops be left four or five inches long, and afterwards cutting all the loops, the sutures can be more rapidly introduced than if each suture is on a separate needle. As soon as all the deep sutures are in position, the temporary tamponnade in the uterine cavity should be removed, and the endometrium sponged out with a weak creoline solution. A ten per cent iodoform gauze strip, three inches wide and one yard long, is packed into the uterine cavity. One end of the gauze should be carried through the cervical canal into the vagina. This gauze not only provides for freer drainage, but is an additional safeguard against hemorrhage. During the dilatation of the cervical canal and the passage of the gauze strip, the assistant who is controlling the hemorrhage by pressure around the lower uterine segment relaxes his grasp. He should keep up this pressure except at these times.

The sutures which embrace the muscular until the deep sutures are tied.

structure of the uterus are now secured by these knots, after which the ends are cut short. I always use the Lambert stitch in bringing the peritoneal edges together. An antiseptic dressing should be placed over the wound and secured by a closely fitting abdominal binder. If at the conclusion of the operation the patient's pulse is weak and rapid, an enema of whisky and hot salt water should be given before she is removed from the table. The

patient should be put to bed and external heat applied to the extremities.

Nothing should be given the patient by mouth during the first twelve hours following the operation, except small quantities of hot water to relieve thirst. If she suffers much pain she may be given a small dose of morphine hypodermically at the end of the first twelve hours. If she has ceased to experience nausea from the other small quantities of milk and limewater can be given, which can gradually be increased according to circumstances. The patient should receive nothing but liquid nourishment during the first week after the operation. The abdominal sutures, except those which unite the fascia, should be removed on the tenth day.

This is the method of conducting the elective operation, and if the patient be in good general condition, and the various little details of aseptic surgery are appreciated and executed, the patient should without any doubt recover. If, however, the operation is performed as a last resort, after perhaps thirty or more hours of labor, when the patient's vital forces are greatly lowered from her own and her physician's unsuccessful attempts at delivery, the outlook is by no means so encouraging. On the other hand, the mortality in just such cases is great, as is, in fact, any other operation which may be attempted.

Frederick, Md.

OBSTIPATION.

BY WILBUR F. STERMAN, M. D.

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Nothing is more insidious, nor more productive of general malaise, than a torpid condition of either of the two great sewerage systems of the human structure; yet while we stand with bated breath when confronted with

a diseased condition of almost any portion of the uropoietic system, and render a prognosis guarded and grave, we pass a similar condition of the alvine system by almost unheeded, and as scarcely worthy of serious consideration; on account of its comparative frequency and obstinacy, and because familiarity breeds contempt, and the more common things are uninteresting to us.

In dealing with a subject including the alimentary canal in its entirety, we are dealing at once with an immense, intricate and important subject; a subject including not only the entire digestive and assimilative mechanism of the body, together with their synergistic organs and secretions, but a very important excretive function as well. The dividing line between these systems is at the time and place where the contents of the bowel no longer contain nutriment for the body, and nature desires the effete material or sewerage of the normal metabolism thrown off by the act of defecation.

Many cases of obstipation may be traced to some deranged condition of the digestive portion of this all-important system, but as a rule, the reverse is true, viz.: the digestive disturbances are found to be the result, and not the primary cause of the irregularities of the bowel.

Where the trouble is primarily a digestive one, there is usually found a lack of tonicity of the walls of the stomach; chymification is incomplete; the digestive juices of the glands of the stomach are inadequate to the demands made upon them; food is retained too long in the stomach on account of lack of muscular force and nervous control to expel it, and an acid fermentation is the result. The consideration of this condition may account, also, for many of the cases of hyper-acidity, gastric ulcer, gastralgia, gastric dilatation, the various forms of dyspepsia, aepsia, etc., though the passage of this fermentative and undigested material is much more likely to result in a fermentative diarrhea than in constipation, and only in the course of time does the bowel lose its expulsive force by reason of constant irritation and over-exertion, and no longer respond to nature's call for aid in disposing of unwelcome and unwholesome irritative products.

I venture herein to reiterate the assertion I have frequently made, that in order to facilitate the practice of successful medicine, and in order to be enabled to arrive at a speedy and correct diagnosis of the various forms of disease, and to trace them through their varied manifestations to their true source and cause,

that medicine should be divided into at least ten different specialties, and each practitioner choose his special field, and be ethically and legally confined to it. Let each physician be morally bound to refer all cases coming under his care that are not in his particular line, to his fellow practitioner across the way, who is specially fitted and educated to search out the cause and treat successfully this particular condition, by removing the cause, however remote, and thereby let the *'Vis Medicatrix Naturae'* have at least a fair chance to exert her natural reparative power.

No man can recognize the pathology of any organ without first having a thorough knowledge of its histological structure; neither can he understand its normal physiological functions without first beginning with the cell-structure study, and thereby becoming an expert histologist. In this manner he can reason a pathological condition and trace it by its physical and clinical signs to its fountain-head and true but obscure source, thereby becoming an expert, with practice directed along special lines; while at the same time if he undertakes to master the entire subject and retain it, he soon becomes a "Jack" at all these, and a master of none.

It is not what we eat, but what we digest that makes us fat; it is not what we read, nor what we even once learn, but what we retain that makes us learned men, and no man can ever retain the subject of the practice of medicine in its entirety, and he who attempts it will find himself growing rusty as time passes swiftly by and adds day by day, by constant toil and research, to our store of medical knowledge. Let him be never so studious, a master mind, an intellectual giant among men, yet he will find that he cannot keep up with the pace of to-day, and soon will he realize that "Hills peep o'er hills and Alps on Alps arise."

There are a few men in the larger cities of the United States and other countries who make a specialty of diseases of the rectum, and they find plenty of work, but what percentage of the cases of obstipation are really due to trouble primarily here? When we consider the histology and physiology of the alimentary canal as a whole, and include a portion of the hepatic system also, truly we are considering the proper physiologic sustainer of life, and the most important sewer of the system as well, and when in the treatment of this all-important combination the nervous mechanism controlling peristalsis is diseased, and demands our attention, we may well stop, and study and re-

flect, if we expect to strike at the root of the trouble, and to render assistance of any real importance or of any permanent value to the afflicted.

Many cases of obstinate constipation are due to the neglect of attending to the promptings of nature at the proper time, and indicate her method of punishment to the culprit who purposely or thoughtlessly persistently violates her inviolate laws.

Two nervous centers control the act of defecation; one in the cord, connected with the sacral plexus, and the other in the brain. The lower center is naturally and physiologically the stronger, but once or twice during each twenty-four hours the pressure of accumulated feces gradually produces a temporary paresis of the splanchnics, also due partly to a diminished blood-supply; the lower bowel becomes distended and irritable; gradually the strength of the central nervous control is reversed, and evacuation is demanded, with the force of the abdominal muscles and diaphragm to aid the upper or brain center to accomplish its purpose of expulsion.

Many times, however, at this moment, when the bowel is well lubricated and active, the feces of normal consistence are deposited by peristaltic action into the rectum for evacuation, the cry of nature is unheeded; sometimes for lack of time or opportunity by the healthy, bashful young woman or girl; sometimes on account of present company by the society lady, for the rush in the kitchen by the busy housewife, by the press of business by the business man, for lack of time by the clerk, the book-keeper, and at the counting house, the bank, etc., and so on *ad infinitum*.

The sphincters are called into play to retain it as an irritant; the mucous lining of the rectum is thereby soon congested and feverish, the fluid contents are re-absorbed into the blood-stream as a poison to the circulation, the solid matter is carried by a reversed peristalsis and deposited into the sigmoid flexure of the colon, there to remain and become hardened and inspissated, irritate and inflame, and add another obstacle to the passage of the sewerage of the following day. By a repetition of this negligence day after day, and month after month, nature's functions are held in abeyance, the blood is loaded with poisonous and effete material, the nervous system regulating and supplying the bowel is fed with impoverished, impure and waste-laden blood, until, as a natural consequence, the bowel loses its nervous and muscular tone, the centers them-

selves no longer respond, since their dietates are no longer heeded; the countenance becomes muddy and the skin dry and harsh; bile is reabsorbed that should be excreted and is deposited in the skin and sclera, rendering them icteric in appearance; the patient has a dogged gait and a care-worn look, is morose and despondent and adds materially to the list of melancholias, hysterias, and neurotics.

Many times patients come to you complaining of migraine, vertigo, dyspepsia, pyrosis, borborygmus, and if away from home, nostalgia; in fact, almost anything and everything that human flesh is heir to. A torpid liver and a torpid bowel are, in my opinion, the real cause of three-fourths of the medical and surgical cases of appendicitis; and if they are in good condition and regular in their respective functions, true appendicular trouble is very seldom found, and if found to exist, is very easily remedied by medicinal agents alone.

Preceding torpidity proper, we may have a catarrhal condition for months, or even years; a scanty diarrhea, diagnosed by clinical history and the presence about the anus of constant moisture and irritation, constituting truly an eczema ani, but usually called and treated by the quack as "itching or burning piles" with which he fills the advertising columns of the daily and weekly periodicals, and also lines his purse from the pockets of the afflicted and credulous public.

A major per cent of the cases of hemorrhoids are primarily caused by the protracted existence of an obstinate constipation, due to the irritation already mentioned, and also to a retarded and impeded return circulation of the hemorrhoidal veins, which have no valves to aid them in their overloaded function and condition, being constantly irritated by the presence of these inspissated masses, acting as a foreign body, and resulting in a chronic inflammation and the breaking down of the capillary structures and dilatation of their lumen, while other forms of neoplasm, both benign and malignant, may be induced in the same manner, in almost any portion of the alimentary tract.

Without taking up unnecessary space, and without consuming the valuable time of my medical readers, who fully understand and realize the magnitude and prime importance of this subject, at which this necessarily brief article must only hint and pass on, I will not attempt to enter into the histology, physiology nor neurology of the normal structures here involved, nor will I enter upon the technique

of its etiology, pathology and pathogenesis in disease, but will rather refer you to special treatises on each, and pass on hurriedly to the two points I consider of primary importance in dealing with all forms of disease and disorders of the human economy, viz.: prophylaxis and treatment.

First, three-fourths, at least, of all diseases of the adult population in rural districts are due to a lack of knowledge of their own anatomical structure, the physiology of that structure, "Dame Nature's" inviolate laws, and her methods of administering certain punishment for every offense, and their consequent neglect, and needless exposure.

No better aid in emancipating the race from unnecessary affliction could be conceived, than a national law to the effect that no man could ever attain to the right of suffrage without first attending a medical school, equipped, conducted and sustained by the United States government for the purpose, and at a minimum expense to the public, until he knew *something* about his own mechanism, "the house we live in," something about health and hygiene, something about his own physiology and normal status, and something about the laws of nature in regard to regularity, and temperance in all things, and something about the procreative function, its use and its abuse.

True, there are other more conservative measures that now reach the masses in the cities, by gradual dissemination of knowledge from the higher classes to the lower, and by their better facilities for observation and study, but while these are comparatively inexpensive, they are comparatively inadequate, sectional and unsatisfactory also, since they do not reach the ones who are the most needful, any more than the costly stylish churches of our cities reach the man in the gutter, who is rescued and eternally saved by the Salvation Army and its helpers.

Mrs. S., thirty-nine, IV-para, been married twelve years; when married was very plump, well-formed and healthy, weighed 140 pounds, and sustained her normal health very well until the birth of her youngest child three years ago. Since that she had gradually lost health and flesh, enduring constant pain, and weighed ninety-seven pounds; her appetite poor, bowels constipated, many symptoms of premature decay, the menstrual function irregular and scanty, dysmenorrhea pronounced, history of chronic suppurative endometritis of three years' duration; weak and nervous, a dry, incessant, hacking, irritating cough, with some

morning expectoration only; weight, numbness and formication of the hips and lower extremities. In fact, from her hectic appearance one might suspect general tuberculosis, attending the approach of the menopause, or perhaps cervical cancer, laceration, or other involvement, with its usually attendant reflex nervous phenomena.

The husband, being of a very peculiar disposition, was radically opposed to any physical examination of the genitalia, so I was compelled to resort to guess-work. I put her on a tonic and alterative, regulating treatment, and informed her if there was not a decided improvement in four weeks her case should be considered a surgical one, and treated as such. At the expiration of that time there was decided improvement, but it soon developed the fact that it was only temporary and fleeting, at which time I insisted on making the proper examination, to which she readily assented, but her husband, who was bearing no part of the pain, sullenly refused. Finally I told him he was one of the men who should not be allowed to vote until he had in some manner obtained some knowledge of the laws of health, humanity and common sense.

About one year later this woman called upon me to assist in the operation of total vaginal hysterectomy for cancer of the cervix, which was done, and she made an uneventful and safe recovery. But how much this year's time would have enhanced her chances against a recurrence, can be very easily answered by any surgeon of experience.

Then, as a method of prophylaxis, let us educate; by any means, and by all means, LET US EDUCATE. Not educate the special few, but educate the masses. Let us not let our light in regard to the public welfare, health and enlightenment, shine under a bushel, but disseminate it broadcast and free. Then try and add to our own store of knowledge, and scatter it again, to those with whom we are daily associated as our patients and friends, until we can realize that an ounce of prevention has been worth a pound of cure; for truly, these conditions, when once firmly rooted, are very difficult to remedy, as every practitioner will readily and knowingly verify.

Now a few hints along the line of successful treatment, and I have finished. First, as before stated, the attention must be directed to the true cause of the trouble, and it may date years before.

I have corrected cases of from nine to fifteen years standing, one of which had not had

an action of the bowel for nine years without taking medicine, and for the last two years of that time without an enema (cold), since all medication had failed.

The liver is the largest gland in the body; consequently, to arrive at a reasonable conclusion we should admit it must be the most important; yet at the same time it is the one most frequently entirely over-looked and neglected by the physician. Here, I think, a hint to the wise is sufficient, and a cholagogue persistently and regularly administered to tone up and stimulate a torpid liver, will alone correct many a case of obstinate constipation.

In considering and treating a torpid liver as the source of an obstinate constipation, it is usually advisable to examine carefully and thoroughly for the "*Morbus Flatulentus*," both by percussion and auscultation, denoting the condition and tone of the *intestinum tenue* also, from the fact that it is many times intimately associated with this condition. Constant fermentative changes in the bowel, partly due to the absence therein of a sufficient quantity of bile, nature's own lubricant and antiseptic, finally render this portion of the alimentary tract catarrhal in condition; the mucous lining becomes thickened and the walls distended, and in due time there develops a temporary paresis, that may remain permanent and obstinate.

The nervous control should also be investigated and usually toned up in connection, and I have generally had good success with the following combination, which shows its effects from the start: Ext. aloes, ext. belladonna, aa. gr. xij; euonymin, leptandrin aa. gr. ij; irisin, gr. iijss; strychnine arsenate gr. j; hyoscyamine amorph., gr. 1-5, divided in forty-eight capsules. Direct: One capsule daily at bedtime.

This is followed every morning early (before breakfast) by half an ounce of effervescent magnesia sulphate in a tumbler of cold water, which makes at once a pleasant alkaline drink, and a necessary synergist to the cholagogue of the previous evening. I consider this salt given in the manner I have described, superior therapeutically to many of the more costly mineral waters, and, diluted as above, the taste is not so disagreeable as some.

In considering the therapeutics of the nervous condition already mentioned in this connection, the value of electricity and massage must not be lost sight of. Mild galvanism or faradism once or twice a week over the abdomen is good, while the static, direct or induced current, is excellent.

Moderate physical and out-door exercise should be advised, and above all things, regularity. Regularity at meals, regularity of exercise and regularity at stools, never allowing a call of nature to pass unheeded and unattended.

By this medication, discipline and regime, many of the most obstinate cases can be not only temporarily benefited, but permanently cured, and a new life and new being enjoyed by those afflicted.

Winterset, Iowa.

INDICATIONS FOR THE USE OF FORCEPS IN LABOR.

By LEWIS E. MAKER, B. D., M. D.

BEFORE employing the forceps we must note a few preliminaries. It is necessary to gain the confidence of your patient. The membranes must be ruptured, os dilated to a certain extent, bladder and bowels should be empty, as this will give more room, and the position of the fetal head should be accurately ascertained. You may or may not use anesthetics. Above all else, no one should overlook antiseptic precautions.

The patient must be in a proper position to facilitate the introduction of the blades. Drugs and sterilized water should be in readiness, so that the practitioner can meet any emergency that may arise during the course of labor. Vagina and vulva may be washed with antiseptic solutions, and everything that comes in contact with the parturient canal ought to be rendered as nearly aseptic as possible.

If the head is presenting no apparent mechanical obstacle to delivery, it should be engaged in the pelvis, and if it has normal firmness, the amount of pressure it is able to withstand is astonishing, and the outcome marvelous.

In delayed or lingering labor, where there is danger to life of child or mother, or it may be both, you may find the mother in an exhausted condition, a rise in her pulse-rate, and a dry and perhaps swollen condition of the birth-canal. Do not in such a case hesitate in coming to the correct conclusion within a very short period of time.

Not long ago the writer was present when Mrs. —, was in labor. Rotation had occurred, the head descended to the pelvic floor, but the mother's expulsive forces had failed, and no progress worthy of notice being made,

the life of the child was threatened through asphyxia, the cord being around its neck; and the mother being so small, and of course the birth-canal accordingly, there was great danger of the tissues giving way. She had been in labor several hours with no further progress, with a history of previous delivery by forceps. It was decided to use the forceps. She, as many others, lived to look back with gratitude toward this friend of suffering humanity.

Sometimes one life will have to be given up. He indeed is blind who cannot see the necessity of sacrificing one for the other, in very obstinate cases. Eminent authorities have said "Let it be the last resort; the mother is needed at the fireside." Nevertheless it is a legitimate procedure to use the forceps, and the sphere of application has largely increased, even though it has some disadvantages. Let the following scene be imaginary or real, if you please, then question as to the usefulness of this product of man's labor: A woman, thirty years of age, having had labor pains twenty hours before you were called, rapid pulse, temperature 102.4 degrees, muttering delirium, child's head against pelvic floor and no further progress in labor; in fact, a completely exhausted machine and no fuel to be changed into propelling force, with the mother-in-law, father and a few friends in an adjoining room, with expressions of horror in everyone's countenance, because they had assumed more power than they should to save expenses. In such a case no one would satisfy himself by saying, "I think she will give birth to the child in a little while," but he would immediately try to sustain his patient, put the folks at work in the adjoining room boiling water, and relieve his patient of the great amount of tension, which has caused the loss of maternal power and hopefulness, by removing the child as soon as convenient.

In cases of precipitated labor, where ordinary efforts are not sufficient to effect a delivery, the forceps may be used by the proficient diagnostician as compressor, rotator, lever and tractor. Especially in vertex presentations it may be safely applied. Now the danger to the life of the mother may be due to hemorrhage, exhaustion, convulsions, heart-trouble, pulmonary disease in the later stages; or in any case where we believe that immediate delivery is imperative in the interest of the mother. We should note her condition as to strength pulse-rate, temperature, etc. Also in the interest of the child, where the mother's death seems inevitable and threatened asphyxia of the child is observed. As soon as labor is far enough

advanced, see that the cord does not affect the fetal circulation.

Another indication for its use is disproportion between the parturient canal and the fetus. Here it is both an article of human convenience and of necessity. In these cases, after examination and measurements have been taken, one will apply the forceps immediately, thereby relieving both child and mother.

Where there is impaction by gradual dilatation, and the proper traction made, using the instrument as lever and rotating, knowing the exact amount of compression made, many of the more dangerous operations are avoided.

In certain conditions such as flat pelvis, spondylolisthetic pelvis, in kyphosis, scoliosis, lordosis and other deformities, many times a skilled physician who will bear in mind the position of the head and who knows how to gauge the degree of traction safe to child and mother, keeping within the bounds of prudence, will in many instances succeed in securing an engagement which will perhaps save the sum of two or three lives.

Many cases are on record of the necessity of its use in delivering the after-coming head. Great caution must be observed.

It seems impossible to procure from any reliable authorities, statistics showing the maternal and fetal mortality due to the misinterpretation of the indications for the use of the forceps in labor, but it is beyond question of doubt, that it varies a great deal more than the rational observer at first supposes. Yet it is true since the days of Hippocrates, in certain cases it is practical to seize the child's head in some manner and assist the mother to overcome some of the defects of nature's methods.

It seems strange that the forceps was not invented before the seventeenth century, but as a matter of fact the more highly cultured our race becomes the greater are the responsibilities and necessities of the professional man. The changes that will take place within the next half century, and the requirements therein, will be something wonderful.

Now as we pass down the list of indications you will see that the accoucheur is justified in helping a woman to avoid any possible evil results by applying the forceps in all cases where diameters of pelvis are below the normal measurements and when the head is in an immovable position with the chin flexed over the symphysis pubis. Yet many will stop and wonder what to do next.

No one would hesitate when the head is locked at the pubis, but when flexion of the

frontal part of the vertex is the result. This might be called the seventh indication and the eighth, when the face is fixed anteriorly with chin locked. Recalling the anatomy of the parts one can easily see the necessity of aiding in the delivery in a case of this kind, without waiting for very many hours to pass by.

Living as we do to-day, amid the wreck of tottering and ruined institutions of convulsed opinions as to when one should resort to the store of instruments now in existence, it would savor of over-delicacy to criticise too severely the conservatism of some physicians. Conservatism! There is no magic in the word. Through the years that have backward passed into eternity the human soul has ever burnt the incense of admiration and revered the shrine of conservatism.

When the head is in the superior strait, with the chin in front, it would show good judgment if the forceps was used; again, when the face is fixed laterally. These are very important. No physician who has been in the active practice any length of time has failed to see in transverse and oblique positions of the head, the real necessity of using the instruments. Bedside observation has proven the exact benefit of the forceps in great narrowness and rigidity of the soft parts, when the hand cannot be introduced, or when the fingers soon become exhausted on account of the contractions—the muscles of the mother are powerful and soon compel the muscles of the hand to relax at the very moment they should be most powerful, here again the indications are clear, the strength of the obstetrician being needed to use the forceps.

No one will question the advisability of using them in cases of very large heads, as hydrocephalus. The question may come up, why this should be mentioned, it being so seldom met with? No matter how seldom an indication may present itself we should know it if we wish to be competent attendants. It is not necessary for a professional man to wait for a post mortem to tell when he should intervene.

All thoughtful men agree that forceps should not be used indiscriminately. We see the effect produced by the pretentious dullard and quack who place themselves on a level with the conscientious and scientific practitioners.

Should we allow these superficial dissemblers to continue their depredations in the name of science and say that the use of the forceps should be prevented in placenta previa and eclampsia?

The symptoms and signs are too well known

to be stated again. It would be doing an injustice to not only the mother, family and general public, to allow a dead fetus to remain in the birth canal any length of time, but it would be committing a crime which would to a certain extent put back the profession, when instead it ought to take a step forward.

It is always best to try the extraction methods a certain length of time, and when they have been honestly tried and proven insufficient, then we can use other means for sure delivery. Some of the poorer classes think the reason the forceps is used is to get more money from them by calling in an assistant. This is not true. In the name of common sense, in the name of all that is right and just in the sight of man, not one regular physician in ten thousand is guilty of such work in this enlightened age. What we practice to-day is honest medicine, thorough work and many times no compensation for our labor.

[To this we give hearty assent. Spite of the jokes, too commonly made, the doctor only in the rarest cases betrays his trust.—Ed.]

It seems unnecessary to state that the eighteenth indication for its use is in removing the head when it has been torn from the trunk of fetus. This cannot be prevented sometimes. The physician may get "rattled" or use too much strength or it may be peculiar development of the parts, but whatever be the cause as soon as the head and trunk have been separated the best thing to be done is to apply the forceps and remove the head as quickly and easily as possible.

It is claimed by some writers that in former days many mothers have died because the attendant has failed through some cause unknown, to deliver her when it seems her life might have been saved had the instruments been at hand.

Now the principal indications and those the physician needs most are covered and it will be found true that the instinct of truth and the iron logic of time are invincible, what the years only blur the centuries exhibit in boldest relief.

The tendency of the young medical attendant in these later times is to become too radical. Let us as honest servants of mankind endeavor to find the happy medium and peace and light crowned and enthroned may proclaim the majesty of America's temple of medicine. Then the world will know the obstetrician is worthy of the confidence anyone may place in him as he walks hand in hand, so to speak, with the first practitioner in exis-

tence. Then and not until then can we point with pride to our alma maters and say when the forceps are indicated in labor.

Sac City, Ia.

—o:—

I would suggest a few additional indications for the use of forceps:

1. The prospective mother has been in labor an hour.
2. She is tired and sleepy.
3. She feels she has suffered enough
4. The doctor is tired or sleepy.
5. He has a good dinner awaiting his return home.
6. He has tickets to the theater, and it is after 6 p. m.
7. He has other cases or business.
8. He knows just how to use the forceps and can apply them with no more danger than extracting a tooth; he knows that dangers to the child and the mother increase with every hour the agony is prolonged; he is a man possessing a heart, not the sort to sit idly by and witness the woman's agony hour after hour when the means of relief are in his hands; and he is not timid, awkward, ignorant or hide-bound enough to stay his hand when he can so easily terminate the struggle and place the babe in its mother's longing arms. And so he never goes to an obstetric case without those good gifts of a merciful God, chloroform and forceps, and he uses both at the first decent excuse, and if ever he earns a "God bless you, Doctor," it is right there.—Ed.

PRACTICAL HINTS FROM DAILY EXPERIENCE.*

By W. C. ABBOTT, M. D.

HOW SACCHARIN WAS DISCOVERED.



ANY of the most important discoveries have been the result of mere accidents. Such was the case in the discovery of saccharin which now fills such an important place in our armamentarium. It is an extraordinary chemical, being so intensely sweet that a single grain is equal to several hundred times its bulk of the best white sugar. Dr. Constantine Fahlberg, who accidentally discovered saccharin, in telling the story of his discovery to some of his friends a short time ago said:

"I was conducting a series of researches in

*These notes will continue at intervals during the year as a "filler" to this department. I hope they will serve their purpose, and at the same time be interesting and instructive.

synthetic chemistry and, had in view the creation of some new compound radicals. One day I had produced a new substance and was separating it from other ingredients. I was tired, and while moving a glass vessel containing hot fluid my hand slipped, so that several drops splashed upon my fingers. I put the glass down and seized the nearest thing to wipe off the liquid, which chanced to be my own handkerchief. A few minutes afterward I wiped my mouth with the handkerchief. Instantly my mouth began to water. I washed my lips with warm water, but it took two or three washings and probably five minutes before the taste of sweetness disappeared. I picked up the handkerchief automatically and my eye rested upon the wet spot. I put it to the tip of my tongue and the secret was out. I spent much time in determining the character of my find. When I saw that it was harmless I announced my discovery to the world."

We should all keep our eyes open and be ready to interpret whatever comes up, even if it takes us by surprise. There may be something in it.

LOEFFLER'S SOLUTION.

True diphtheria is very rare in this locality, but we have many infectious sore throats, that I am sorry to say many call diphtheria, but they are not. The diphtheria contagion is wanting, the infection being usually mixed, the staphylococcus and streptococcus predominating. These cases, neglected, sometimes result fatally. They always attend debility and the more or less chronic catarrh of the throat, and yield to nothing in my experience so well as topical applications of Loeffler's Solution, with calcium sulphide and strychnine internally, followed by a few hypodermics of Nuclein Solution (Aulde). A case seen at night a few days since, with large patches covering both tonsils, was almost well in twenty-four hours, eliciting the remark from the patient a lady about sixty years old, "Dr. Abbott, your medicines worked like a charm."

VACCINATION.

There is lots of tomfoolery about this vaccination business. Many, without stopping to think, appear to gauge the success of vaccination by the size of the scar, when this is nothing to go by at all excepting to prove that either the operator was a bungler or the virus was poor, or the wound, which is too often the case, became infected after it left the operator's hands, resulting in a nasty, sloughing

ulcer. Vaccination, which has done more for humanity than any other one medical or surgical procedure, is of sufficient consequence to be properly conducted. I wish that some interest might be taken in this apparently so trifling an operation, and that the medical profession would join hands in educating the laity to its importance.

A child to be vaccinated and be successfully vaccinated should be under the care of the physician from the beginning to the end and instead of paying from 25 to 50 cents, the case should be worth \$5.00 to the attending surgeon. To be vaccinated right means something. To be vaccinated wrong, to be scarred, and poisoned with no one knows what, is quite another thing.

Every reputable manufacturer gives what he considers proper instructions but many of them, I regret to say, are the sheerest nonsense. The desired result is to get some clean virus into the capillary circulation through the skin with the least possible abrasion, that the proper physiological effect may follow with the least local disturbance and the least obtainable resultant scar.

To accomplish this the drawing of blood is unnecessary and is objectionable. If the scar of vaccination is bigger than the head of a lead pencil or at the outside a dime, something has gone wrong. The use of antiseptics in cleaning the skin does more harm than good. Simple boiled water is sufficient. Without unnecessary abrasion nature caps the wound with a little dry serum and no dressing is necessary. Doctor, when you vaccinate, vaccinate right and don't accept the word of the patient as to success or failure. Examine the case for yourself, see it two or three times during the course of the disturbance and know yourself whether it "takes" or not. If it is worth doing at all, and we know it is, it is worth doing well.

IODIZED LIME.

I have had many evidences this winter of the marked benefit of this preparation in croupous conditions, hoarseness and the general disagreeable throat symptoms following influenza. When any of them are present, think of iodized lime before you think of opiates.

SANGUIFERRIN.

I have been accused of commercialism so many times that I have come not to care for it, so when I again emphasize the exceeding

value of Sanguiferrin, don't say "Abbott has an axe to grind," because if you do you won't be right and you won't hurt my feelings a bit; but if you will try it on the next case of debility, chlorosis or anemia that presents itself and give an adult a tablespoonful three times a day, and be willing to use it to the extent of from two to four bottles if necessary, you will get better results than are obtained from most treatments. I speak from an experience of nearly two years, during which time I have prescribed and dispensed several gross of the preparation, and have watched it do the work.

APOCYNIN.

I have been making some investigation of this active principle. If any of my friends have cases upon which they would like to try samples of the principle from different sources, and report findings, I shall be pleased to supply them on request. This preparation is a heart-tonic, regulating and strengthening the action of that organ. It tones up the blood vessels, stimulates the kidneys and favorably influences absorption, thus relieving dropsical effusions. Small doses stimulate the liver and alimentary canal while large doses irritate it and cause it to evacuate its contents both by emesis and catharsis. It should be used in small doses frequently repeated, say 1-12 to 1-4 grain every two hours.

CLINIC REPRINTS.

We are using all our spare time in resetting the essentials of past issues of the CLINIC to be published in book form. This will be an invaluable work of reference. It will be ready for distribution in about thirty days. It will include the years '94, '95, '96 and '97, price \$2.00 postpaid. If you want to be among the first send your order now. The arrangement is alphabetical and it will have an exhaustive index, mirroring the alkaloidal thought and progress during these years. Every CLINIC reader should have it.

We cannot begin to tell you how many good things there are in this collection. One doctor asks us for a paper on catarrh; but there is a fine series by Dr. Bacon covering the subject so fully that there is nothing left for a new article. Another speaks of the use of guaiacol being mentioned in the *Medical Age*, but in 1894 there appeared the first publication in this country on the subject, in the CLINIC. CLINIC REPRINTS gives more practical, everyday working information than any other book published at the price.

HICCUGH.

Some mention has been made of the treatment of this malady which is so distressing when it is of central origin. The CLINIC has already mentioned and I desire to emphasize the use of hyoscyamine and cicutine hydrobromate, not forgetting the crying need for elimination.

AGARICIN.

I see so few mentions of this drug that I fear CLINIC readers are not all aware of its efficiency in controlling perspiration. While it is adapted to all forms of excessive perspiration, it is peculiarly and particularly adapted to the perspiration of weakness. Given at night to an adult, in doses of 1-16 of a grain, before retiring, and possibly repeated once early in the night, it will almost invariably check the disagreeable condition, leaving no unpleasant after-effects, as atropine does; and a few repetitions cure the weakness. It is pleasant to take, non-poisonous, efficient and cheap.

GLONIN THE LIFE SAVER.

In a current publication, from which I shall take occasion to quote with comments at another time, there appears an article on the dangers from the use of glonoin and I wish to ask if any of our readers have ever had or have ever known of trouble arising from its use. I have personally used it daily for many years with nothing but the most satisfactory results. Last night I was called from my "beauty" sleep in great haste to attend a sick girl. I found a case of menstrual hysteria, the nervous condition having been exploded an hour before by observing a screaming hysterical woman in a public place.

There was intense capillary spasm, convulsions without unconsciousness, the patient complaining through chattering teeth of tingling and numbness of the extremities particularly of the hands. One granule of glonoin, gr. 1-250, chewed and held in the mouth, while two were being dissolved and given with a hypodermic syringe, changed this suffering girl in less than twenty minutes, slowly but surely and safely to her own smiling self. This is but one of many similar experiences and as long as they are mine I shall continue to use glonoin on proper occasions and most heartily recommend it to my friends.

THE PARIS EXPOSITION.

Visitors among our subscribers who have not received their CLINIC will find it on file in the medical department.

Ravenswood, Chicago.

Miscellaneous Articles

SOME OBSTETRICAL POINTS.

MIDWIFERY is perhaps the most easily understood of any branch of medicine, so much so that a great many ignorant midwives (who never saw a medical college or read a work on obstetrics) make quite a reputation in that art. At the same time there are a great many who practise obstetrics weekly, and sometimes almost daily, who have not even a vague idea of the mechanism of labor. In order to be a successful obstetrician we must know what to do and when to do, if we expect to assist our patient in the parturient act or process.

The old-time honored maxim that meddling midwifery is bad, is a truth, and should have a place in the memory of all doctors, and when quoted to stay the rash hand of the ignorant it is good advice. But when used as an argument to check the action of the experienced, who know what, when and how to do, it is sadly misapplied. Of course I do not think it right for a physician to walk into a lying-in-chamber and, empty his saddle-bags into a woman's stomach, neither do I believe in his sitting with his hands clasped and arms folded, till his patients die, or become completely exhausted in futile efforts at expulsion, giving nature every possible chance to effect delivery with imminent risk to mother and child, dragging on and on for many weary hours of intense and fruitless suffering. Dear readers, what do you think of allowing all this sad affair to occur, just because "meddlesome midwifery is bad"?

I don't believe any such thing should occur, in the hands of a well-experienced physician, when we have the means with us to relieve our patients—the forceps.

We should examine our patients, find out the exact position of the child, study the symp-

toms, and do whatever we are sure is best for our patient, and let old-women's committees do or say what they may.

One not very well known cause of prolonged labor, with a tendency to face presentation, is pressure by the obstetrician just above the symphysis pubis, the child being curved upon itself. This pressure has a tendency to straighten it out, throwing its face forward, which would give us a great deal of trouble. Search for malpositions and relieve them by posture if possible.

Another point is the use of quinine in labor. Generally it is a good thing to give. Where the pains are feeble and ineffective it will stimulate the womb to a more energetic action, but be careful how you give it to a weak, nervous woman, with severe headache, or you will have a case of puerperal convulsions to attend to very soon. I have seen more than one case that I thought was brought on in this way.

Of course we know that extreme anemia of the brain is almost a constant condition in puerperal eclampsia, and quinine may act injuriously by increasing the already existing anemia, and act as an added irritant to the already poisonous products in the blood. When we have a patient in labor with severe headache and weak or feeble pains, with fast pulse weak or strong, we should give her ten to fifteen drops tincture veratrum viride every hour or two, till headache subsides or nausea supervenes, and the pulse is brought down to normal. If pains are still feeble give liquid extract ergot fifteen or twenty drops every twenty minutes, till pains set in, right cautiously administered. I think we need not fear to give ergot with the above symptoms. Five years ago, when I graduated, I perhaps would not

have answered my professor as I now write, and if perchance he sees this it will be all right.

I have never yet practised the Alkaloidal or Dosimetric method, but must say that I think it the best system of all, and I am going to use it as soon as possible. Nuclein is one of the greatest boons the science has ever had. I have used it with entire success. I could not do without it in some cases.

C. W. Crowell, M. D.

Wheel, Tenn.

WHY DO I USE ALKALOIDS IN MY SPECIALTY?



OME propositions are so self-evident that proving their truth is difficult. This applies to the reasons for using alkaloids instead of the preparations of crude drugs, as local applications in the treatment of eye diseases. The primary object is to secure the maximum drug-effect with the minimum of irritation.

The first essential of a preparation for application to the conjunctiva is that it should be mechanically smooth and unirritating. All applications to the conjunctiva produce forcible spasmodic closure of the lids, and if hard particles are contained in the solution they lacerate the corneal epithelium and sometimes the conjunctiva. The resulting inflammation often is greater than the curative effect of the drug.

Alkaloids, making a perfect solution in distilled water, supply the qualities demanded. Aqueous and alcoholic extracts, if not good culture grounds for bacteria, are far from sterile, and sterility is a quality of importance in medicines to be applied to inflamed eyes. Alkaloidal solutions have another advantage, in the ease with which they are rendered sterile. The alcohol contained in tinctures renders them too irritating for eye use, even if the drug held in solution is sufficiently well dissolved to render the preparation mechanically smooth and harmless. Fluid extracts are too thick, sticky, present difficulties in the way of absorption. The alkaloids enable the physician to secure the fullest therapeutic effect with the least dose, and that dose can be administered well diluted, in a bland, mechanically unirritating solution. The rapidity with which alkaloidal solutions are absorbed, permits frequent repetition of the application, and continuous effect of the drug is better secured. Exactness of dose is better obtained as the alkaloids are of known strength,

and do not vary as so frequently occurs with other preparations.

When an alkaloid is administered but one effect is produced, while crude drugs containing several active principles, may give an effect quite opposite of that desired, since crude drugs are chemically irritating when applied to the eye, while their alkaloids are free from that defect.

To sum up, the advantages the alkaloids possess are simplicity, ease of preparation and administration, freedom from chemical and mechanical irritants, maximum effect with the minimum dose, exactness of dose, the solutions are easily sterilized, and the rapidity and certainty of action.

HUGH BLAKE WILLIAMS.

100 State St., Chicago.

DUBOISINE IN EXOPHTHALMOS AND THE CLIMACTERIC.



HAT the virtues of duboisine are is little known to the medical fraternity, I take it as a fact, from the lack of reference I find to the drug in textbooks and journals. Only twice have I seen it referred to in the journals, and both times very briefly in our up-to-date journal the CLINIC, by its up-to-date editors.

My experience of two years' use of this drug has been altogether too satisfactory to any longer withhold it from the CLINIC family, from whom I have received so much that has helped me in the practice of my profession.

My friend, Dr. N. K. Foster, and I, have used duboisine in about thirty cases of the climacteric, accompanied by hot flushes and all the other nervous symptoms so frequently found in connection with this condition, and always with the same gratifying results to patient and physician. The dose I have used in each case was gr. 1-250 four times a day. I have endeavored to give the drug a fair trial in these cases, by never using any other remedy for the nervous symptoms, and in many other cases using no other drug at all. The results have been prompt, and so uniform as to make us think that we had discovered a specific (?) for these annoying and sometimes serious complications.

But not only in the climacteric has duboisine sulphate given such magical results. February, 1899, I was called to see Mrs. W., age forty-two, who gave the following history: For three or four weeks she had had nervous

attacks that had grown both more frequent and more severe, until she was afraid to go to church or anywhere in company, the attacks always being worse at such times. Her heart would become tumultuous, beat fast and stop, etc.; sharp pains would dart through the eyeballs; she would become so weak as not to be able to stand alone, and all so sudden as to be alarming. After getting as full a history as possible I put the patient on a placebo and requested her to call me when one of the attacks came on (I was in the same block). I saw the patient frequently for a few days and was soon able to convince myself that I was dealing with a case of exophthalmos. There was the tachycardia, the throbbing blood-vessels of the neck, the enlarged glands, neuralgic pains through the eyes, and the eyeballs were beginning to protrude. I gave the patient duboisine sulphate, gr. 1-250, every four hours, with the result that the symptoms were ameliorated at once, and in a few days had disappeared entirely.

Notwithstanding my protests to the contrary, the patient would forget (?) to take her medicine when she was feeling well. After a few days or a week the symptoms would return when she would flee again to the little bottle of granules. This was continued for about six months, all this time the symptoms growing less severe and less frequent, as she would forget (?) her medicine; since which time they have not appeared and the patient states that she feels as though she was completely cured of the disease.

I write this with no idea that I have found a "sure cure" for exophthalmos, but to call the attention of the CLINIC readers to the results, with the hope that they may be induced to give duboisine a trial, and by the experience of many we may arrive at the truth.

Mrs. W. is flowing regularly and has no special symptoms that the climacteric is very near.

T. B. HOLMES, M. D.

Oakland, Calif.

PHTHISIS: MIXED INFECTION.



EPT. 24, 1899, I sent you sputa for examination Case, S. D. C., age 34, professional teacher, had severe typhoid fever in 1889 and again in 1892.

In the latter attack he had a bronchial cough and was greatly emaciated; attack lasted over forty days. During the year

following he regained his health and weight. During each school-term of eight months he has always lost ten to twelve pounds, and two years ago began having sore throat with continued clearing. In February, 1899, we had the coldest weather ever known, thermometer down to zero and heavy sleet. During this weather he rode several miles on horseback, took a "hard cold," has had a hacking cough ever since, lost weight down to 136 pounds, and has one or two degrees of temperature continually since June. In July I sent him to Hendersonville, N. C., where he remained until last week. His appetite is now good, bowels act normally, weight 150 pounds. The sputa I sent was the total amount thrown off from one morning to another. Physical examination shows a well-developed chest, no depression or collapse, breathing sounds normal, very slight dullness over middle lobe of right lung and down, resonance over apex of each lung. It may be duller over right than left.

C. A. LANDRUM, M. D.

De Funiak Springs, Fla.

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The laboratory found influenza and tubercle bacilli and many streptococci. This is a case of incipient phthisis, superimposed upon an attack of influenza, from which the man suffered some time since—a true mixed infection; and properly treated he can undoubtedly get well. You can almost give a positively favorable diagnosis if he has abundant recuperative vitality. Lung gymnastics, reconstructive medication and the best of food, with a life out of doors, will put him on his feet again all right. Sanguiferin, a tablespoonful after meals, will improve his nutrition materially. Special stress should be laid upon lung exercise, with calcium sulphide, nuclein, iodoform and kindred antiseptics, internally, *pro re nata*. He should change latitude every two or three months. This exercises the lungs and changes the circulation better than anything I know of. He should go up for awhile, and then back down again for awhile, and so on alternately.

Have you a copy of THE ALKALOIDAL CLINIC for August, 1899? If you have, see paper on the treatment of tuberculosis, written by Dr. Waugh and endorsed by myself.—ED.

Dec. 2d, 1899. I send you another specimen of sputa. My patient has progressed exceedingly well. He coughs but little, sleeps and eats well, weighs 170 pounds, has a good stomach and bowels, and his heart is much stronger. I keep him saturated with antiseptics.

tics and require him to live as much as possible out-doors. He lives mostly on wild meat roasted *a la Indien*.


C. A. LANDRUM, M. D.

De Funiak Springs, Fla.

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The sputa shows great improvement, but still contains some tubercle bacilli, diplococci and pus cells.—Ed.

ABOUT HICCOUGH AND THINGS.

ID you ever see a mountain? Did you ever gambol over any mountains at \$2.50 a gambol, with your "rifle-shot" pill-box hung over your shoulder like a kodak fiend looking for scenery to take, "Ah, dontcher know?" Seeking some one to take "Abbott's Rifle-shot?" No? Well, that's me! I do, some. Have been at it for just three months and it is fun (?) to ride through a cloud for eight miles, as I did yesterday, an actual cloud, as I am 4,000 feet above the sea level on the tiptop of the Boston Mountains in N. W. Arkansas.

Speaking of clouds suggests dampness, which we have been having in plenty lately, of a variety very unpleasant, rain, snow, cold and damp. Pneumonia? Well I guess yes, and the natives here told me that at this elevation pneumonia is very, very fatal; that is, it used to be, before I came with my little target rifle, but they say it has not seemed to be near so vicious here this winter, where I hunt, at least, but all around just outside my game preserve, it is just as bad as ever. Those fellows use shot-guns, I guess, like I used to, and just cripple their pneumonias, also like I used to three or four years ago; but about two years ago a catalogue of a new ammunition Mfg. Co., of Chicago, fell into my hands, which claimed to use smokeless powder and a very small ball, but was very fatal to pneumonias, typhoids and all sick winged game, so I purchased a target rifle (premium case) and ordered a new catalogue monthly for instructions, then went after game. Used open sights a while, but could not shoot straight enough. Got a set of globe sights (Brief Therapeutics), better shooting, but was not satisfied, wanted to hit the bull's eye every shot, so sent for a telescope sight (Shaller's Guide), made in Cincinnati, O. That settled it, just shot around at marks a while till I got that sight properly adjusted, then I just shot their eyes out, at any range all game alike.

Oh! but I am a crack shot with my "Burg-

graeve" target rifle, my "Shaller" telescope sights, and my A. A. Co.'s rifle-shot. Attest, 116 shots at 116 pieces of game and only one miss, one little month-old faun lost; this in November and December, '99. My little rifle did it. I never could do nearly so well with the "shot-gun."

But this is not what I intended writing about when I commenced. I wanted to tell something about pneumonia and hiccough, so here is my tale: Was called January 1st, 1900, to Alfred P., 44, found history of three former pneumonias, temperature 105, respiration 46, pulse 92, cough, blood, etc. Diagnosis, double lobar pneumonia, sick four days and suffering great pain. Treatment "a la Abbott." Result, convalesced on Jan. 4th. Same old story, jugulated.

But still this is not the tale, but whereby hangs the tale. Now I had been riding day and night, through rain and snow, mud and pig paths, and on the fifth was very much indisposed from overwork and exposure. On the morning of the 6th, Mr. P. sent for me post haste. Had been taken with "hiccups" the night before; lasted all night and was getting worse. I could not go, so told messenger how to stop the hiccough, as I thought told him it would not last long or amount to much, but he came back that evening, the next morning and evening and still the next morning. Then I got out of bed and went to see Mr. P. Found him in the most desperate condition I ever saw any mortal. He was lying on his back with eyes set, pale, great beads of sweat all over his face, every muscle tense, gasping and hiccoughing at every breath so violently it shook the floor. Well, I was struck. Asked what had been done; was told that my directions had been followed in every particular, all to no avail.

Well, I started in and went over the whole thing again, gave glonoin, camphor monobromate, asafetida and all the antispasmodics, nervines, tonics, hypnotics, sedatives, blood-purifiers and corn-cures in the category. No good. Then I rested, but Mr. P. did not, for that hiccup went merrily on and seemed to be enjoying itself. Then I got mad, took off my coat and informed Mr. P. that the time had arrived to "resort to the last, most desperate and heroic remedy." (All bluff.) Asked if he was willing. (More bluff.) He nodded assent; could not speak; so I called for a strong cloth band, twelve inches wide, which I bound tight around chest (very solemnly), then I ordered the attendant to give one gran-

ule of glonoin on tongue and one camphor monobromate, hot solution, each ten minutes alternately; then I got on my knees astride of Mr. P. and placed my thumbs in pit of stomach, with hands on sides below ribs, and pressed thumbs down and pressed laterally, to steady the diaphragm (more bluff). Told him to hold his breath and try to resist the spasm, held on for ten long minutes of awful suspense and hope, then that...hiccup stopped hiccuping, and hicked down into the abdomen. (Oh, Lord!)

Then I remembered an old adage about sitting down on old habits, and I just sat down on that hiccough by sitting down on that abdomen, and sot and sot for five long minutes, then that hiccough saw it was no use and quit. That is the tale; what do you think of it? I never heard of, saw or had a case before, and don't want another, though I consider myself a standard authority on hiccough "by right of conquest" (all rights reserved). If there are any Dosimetrists in these parts I would like to have them write me at Winslow, Ark. I want to get acquainted with a few good marksmen. Success to the grand ALKALOIDAL CLINIC, all honor to the "Rifle Shot," good wishes to all my brother M. D.'s.

C. E. JONES, M. D.

Winslow, Ark.

PEMPHIGUS NEONATORUM.

Child born August 18th, developed pemphigus on fourth day; attending physician ordered the child to be bathed frequently and "mud of earth" applied to the blebs; child grew worse, refused to nourish, cried incessantly and lost weight rapidly.

I was called August 29th, and found the child in the following condition: Blebs covered the trunk and extremities, except palms and soles of feet; fever 102.5, emaciated, crying constantly, refusing all nourishment.

Treatment: Ergotin to hinder further exudation, Dosimetric trinity for the fever, interdicted further bathing, as it seemed to cause the patient great pain, but continued to apply the "mud of earth" (whatever that was) prescribed by the former attending practitioner.

Sept 1st, fever 99, crying less, nursing but little, blebs drying and peeling off. Continued the ergotin and Dosimetric trinity, added the tonic arsenates of iron quinine and strychnine, with bromides to quiet patient and produce sleep.

Sept. 7th, fever gone, child gaining rapidly

in flesh, no more crying, nursing well, sleeping much of the time, blebs about all dried off. Later—child in excellent health. Query: Did the ergotin do any good? What is "mud of earth" composed of? Did it do the work, or the internal treatment?

WM. L. GOETTE, M. D.

Fall River Wis.

—:O:—

We must credit Dr. Goette's treatment with the cure. The late Dr. Addinell Hewson published a book on earth as a topical application, a curious work worth reading. Earth possesses some good qualities, as an alkaline, absorbent application.—Ed.

ABORTING LA GRIPPE.

I used to think when in active practice that I could "abort" typhoid (enteric) fever. I have read during the last few weeks a great deal about "jugulating" certain acute diseases, and now I am wondering if it is not possible to abort or jugulate *la grippe*. And this is why. *La Grippe* is prevalent in this community. My brother practitioners on all sides have dozens of cases. I have not since I resumed practice (January 1st) seen one well-developed case.

I have seen eleven cases with the following symptoms: Muscular soreness and stiffness, chilliness, some stupor, severe headache, with injected conjunctivæ, coryza, sore-throat, constant annoying cough, dyspnea, weak quick pulse, rapid rise of temperature (to 105.2 in one case), weakness, constipation, dark urine, in a few cases temporary suppression, etc. These I diagnosed beginning *la grippe*, but to my surprise all were convalescent within forty-eight hours, some in half the time.

In most of the cases I began treatment with a quick hot sponging, followed by brisk friction, and then put the patient to bed and gave saline laxative, calomel or gray powder, and quinine in purgative doses. In all I used aconitine for fever, atropine or Antikamnia for pain, codeine and emetin for cough, and strychnine arsenate for sustaining. In a few I used Listerine, Protonuclein, glonoin, digitalin, calcium sulphocarbolate, etc., to meet special indications.

Now, the question with me is, was it really *la grippe*, or have I lost my "diagnostic cunning" during these years of desultory practice? If it was *la grippe*, as I believe, and such is the result one may confidently look for from

alkaloidal dosimetry, then I want to master it as soon as possible.

S. A. MILLIKEN, M. D.

Pleasant View, Pa.

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This is where the laboratory comes in. It was probably *la grippe*, in fact I have no doubt of it; but without the aid of the laboratory we are not absolutely sure of it.—Ed.

PNEUMONIA.

AS IT is the time of year for lung troubles, let us pause for a moment and look over the different plans that we have presented to us through the columns of the different journals.

Take pneumonia for an example, as we see a good many of the profession are writing on the subject. A says not to use a poultice, B says not to take blood, C says poultice, D says bleed; so we might go on through the whole line and not find two that have the same ideas or use the same treatment. Yet A says under his treatment all of his patients recover, B says the same, C and D also, and all have a different treatment. Now, what are we going to do when we have so many varied ideas? Shall we try them all, or go by the treatment of so and so, or shall we use a little of our own judgment and common sense (for that is one great thing to have in all cases)?

A says he treats his pneumonia patients so and so. Does he use the same treatment for all alike, lobar, pleural, typhoid, bronchial, croupous, etc.? Well, I wish I could do the same; but I find that no two of my pneumonia patients present the same symptoms. Now, shall we treat this patient just so because he has pneumonia, or shall we treat the symptoms that we find, regardless of the disease? Well, if we are progressive, I think we will treat the symptoms, and only as we do that, will we meet with success; for when a doctor tells me he does not lose any pneumonia cases, I say it is because he does not have them, for I have lost pneumonia patients and so have all.

Now in this 19th century (?) let us all try to improve on our treatment and care of our patients, and not think because we are Regulars, Homeopaths or Eclectics, that we know it all and that our treatment is the only one (for there are others), but let us study our patients more closely and see what improvement we can make, not so much in the amount of medi-

cine we give, but just what to give; for the less medicine we give the better, and the quicker we find this to be true, the better it will be for the profession.

W. A. THOMAS, M. D.

Good Hope, Ill.

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Yes, provided! But if one medicine is needed by the patient, do not say the less we give the better, but for God's sake give it at once, in Dose Enough, and No More, and drop that silly pessimism based on ignorance that has so long paralyzed all effort at therapeutic action! Wake up, brother, you are a century behind. This is the 20th, and we give medicine that does good, and we know it.—Ed.

PNEUMONIA ABORTED.

BEING very slow to believe it possible to abort typhoid fever, pneumonia, etc., I must now admit, after treating a number of cases of acute lobar pneumonia, that it can be done.

In November, '98, I was called to a man, aged eighteen, sick two days with severe chills, headache, nausea, sharp, lancinating pain in right side near nipple, radiating to back and right shoulder, severe frontal headache, temperature 104.5, pulse 150, full and bounding, respiration 38. I found the lower lobe of the right lung completely consolidated, breathing laborious, sputa scanty, viscid and tenacious, slightly tinged with blood, cough very annoying, diminished chlorides in urine, and a highly disturbed condition of the nervous system. He had not slept for thirty-six hours. One of the severest cases of lobar pneumonia I have ever seen.

Never having used alkaloidal medication absolutely in the treatment of pneumonia, I determined to test it thoroughly in this case. I gave him calomel, gr. 1-10, every hour until bowels moved freely; nineteen granules each of aconitine and veratrine, with twelve granules of strychnine, in twenty-four teaspoonfuls of water, a teaspoonful every fifteen minutes till five or six doses were taken, then every half hour until my next call.

I called next morning at 10 a. m., with my partner, Dr. J. J. Bilheimer, and found my patient resting very much easier. Temperature had fallen two and a half degrees; pulse less than a hundred, soft and regular, respiration 24; patient resting very easy. The lung, of course, was still consolidated, and after con-

sultation, we decided to give him calcium sulphide, one granule every half hour until the odor could be plainly detected on his breath; continued aconitine, veratrine and strychnine every hour until their physiologic effects would be produced, and then every two hours. For the pain I gave codeine.

Calling again that evening I found the patient greatly improved in every particular, pulse, respiration and temperature nearly normal, consolidation gradually resolving; due, I think, to the calcium sulphide. I also allowed the mother to apply hot poultices to the chest, although I think it was hardly necessary.

Next day I found the patient with normal pulse, temperature and respiration. The veratrine was discontinued on the evening of the first day I called, but continued the aconitine in smaller doses and the strychnine arsenate, with a little digitalin. In five days he was able to be out of bed, eating and sleeping as well as ever.

The lung cleared up nicer in this case than in any other I have ever treated. The calcium sulphide was given during the time I attended him, at longer intervals than at first.

This was my first case of pneumonia in which I relied solely on the alkaloids. Since that time I have treated a number of cases with the same excellent results. I am fully convinced that my former treatment of pneumonia cases has been very much at fault, unsatisfactory alike to myself and patient. In every case where I have used the alkaloids I have found it much easier and pleasanter for the patient to take, than the old method of having to swallow nauseating drugs, making his condition a great deal worse than it was at first, so far as his stomach was concerned. If any of the readers of the CLINIC are in doubt as to the efficacy of the alkaloids, let them do as I did, and I am sure his doubts will soon vanish.

Every physician has had more or less trouble with retention of urine in new-born babes. If he will use two granules each of asparagin and arbutin, in twenty-four teaspoonfuls of water, giving a teaspoonful, slightly warmed, every fifteen minutes, he will be surprised at the result.

The alkaloids, with me, have come to stay, no matter if my brother physician (Regular) does sneeringly say it savors of homœopathy; but if you will give him one of those innocent little glonoin granules to chew up, he will very soon change his mind. If I may be allowed the space in the CLINIC. I should like to give

my experience in the treatment of scarlatina with the alkaloids.

N. RAY MYERS, M. D.

Wanamie, Pa.

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Come again, Doctor. You did not take the alkaloids on our say so, but waited for the results of your own trials. That is exactly what we want, and all we want: a fair trial—no faith, no conversion by argument, but just a test made by yourself.—Ed.

PNEUMONIA.

I have read so much regarding the treatment of pneumonia, especially by Dr. W. C. Cooper, that I feel as though I ought to give my experience with a few bad cases.

Case No. 1, male, age, sixty-five, a huckster, took sick at a farm house. I was called. Diagnosis pneumonia. Did not consider him dangerously ill. One evening when I called to see him, they requested me to stay so they could get some sleep. I consented to stay till two or three. During intervals of medication I took his temperature, which I noticed was getting lower. I thought everything was done that could be done, but I fell asleep in my chair and when I awoke I was just in time to see him breathe his last.

Case No. 2, male, age eighty. Was called in counsel. Had pneumonia; was breathing fast and temperature not very high. As we stepped into another room for private conversation I asked the doctor how long he expected him to live. "Why," he said, "he is better." He remarked his temperature was decreasing. I told him he would be a corpse in forty-eight hours. The doctor said I must be looney, and sure enough, within thirty-six hours he was dead.

Case No. 3, female, age sixty-five, pneumonia, respiration 40, temperature 102.5; case went on from bad to worse and died in seventy-two hours.

Case No. 4, female, age seventy-five. Had *la grippe*, went out of doors, took pneumonia; temperature 102, respiration 34 to 40. This case had mitral insufficiency and died within forty-eight hours of exposure. I gave patients aconitine, calomel, digitalin, whisky to satisfy the laity, and strychnine.

I report these cases and wonder how Dr. Cooper would have prevented his record of pneumonia being spoiled. I hope some good doctor will give some new ideas to treat such

cases. What could I have done to save these cases? I consider the shock too much for the nervous system to bear.

F. P. SIGWORTH, M. D.

Fertig, Pa.

PNEUMONIA. TYPHOID FEVER.



HAVE been more easily persuaded to adopt dosimetric medication from the fact that my treatment of the following diseases was approximately the same as yours. Granules are nicer, exact and pure.

PNEUMONIA.

Case 1. Female, aged eight, seen early; pulse 140, resp. 60, temp. 104. Defervescent comp. pushed to effect; in fact, too much; vomited her twice each evening; no harm done, as it cleared the bronchi of large masses of tough, stringy mucus. Temp. did not vary for two days (103), then fell gradually. Occasional doses of Defervescent with full doses of trinity. Convalescent in five days. Dressed and playing about house.

Case 1. Female, aged sixty; pulse 110, temp. 102, resp. 30; had expectorated rusty sputum; Same course pursued as in No. 1, without the vomiting. Discharged the third day.

Case 3. This one was a "corker." Male aged fifty-six, a physical wreck, result of a former pneumonia followed by chronic bronchitis of several years' standing, bent nearly double. Treatment somewhat heroic, especially the fourth day. When first seen I regarded his case as hopeless, as did everyone else. Temp. 103, resp. 40, pulse 120; seen early. Pushed Defervescent comp.

Morning of third day, felt better, temp. 101, evening 103.

Morning of fourth, temp. 103, worse every way. Pulse feeble and intermittent. Gave Defervescent comp., one granule every hour, and trinity, alternating with strychnine arsenate, gr. 1-30, every three hours, and small doses of brandy. Evening temp. 103.4. Has not eaten anything since sickness. Drank some milk. Moved bowels.

The next morning, temp. much less. Gave heroin, gr. 1-12, every four hours until six doses had been taken. Fever declined and left the sixth day.

It seemed doubtful if he would survive the night of the sixth; pulse hardly perceptible; gave strychnine arsenate every three hours and brandy. While the disease is gone, it is prob-

able he will not long survive. Vitality sapped. There is nothing to be done for him except to continue the tonic treatment until the vital powers will no longer respond. The heroin loosened cough, or seemed to; at that time did not have emetin.

Remarks: Except in Case 1 no application of any kind was used on chest. I simply wrapped cotton (sheet) about her chest (No. 1). I used to use a flaxseed poultice in nearly all my cases. I still think it is of value in selected patients, if it is a "stinking mass," etc. I may "let go" entirely, as my opinion is revised and corrected by further experience.

TYPHOID FEVER.

Case 1. Male, aged twenty-seven, had had some fever about a week before called; temp. then 103. Emptied bowels frequently with calomel, ipecac and soda; gave zinc sulphocarbonate, gr. 1, one day as high as seventy-two grains, which disturbed stomach; Protocolein, gr. 5, four times daily. The sixth day patient had a hemorrhage, probably a pint. An emulsion of two drams of turpentine and two drams of *tr. opii*, in a four-ounce mixture, teaspoonful every three hours; took nearly eight ounces in all. This, with the zinc, of course, locked bowels. They were left locked for several days and then moved by enema of brine-water. No further return of hemorrhage. The enemas were continued for quite a period after convalescence. Got 500 W-A Intestinal Antiseptic tablets; started on two tablets every two hours, but finally returned to the zinc alone. The morning fever was absent the sixteenth day, evening fever the twenty-first day. Highest fever 104. I also used Merck's guaiacol, three times daily, using six drops rubbed in the right iliac region. Ten drops was too much—could taste it in three minutes. The last eight days of sickness used trinity, one granule every three hours. Had several sleepless nervous spells; hyoscyamine, gr. 1-250, quieted. Drank two quarts of sterilized milk on an average daily. Sweat most profusely all through illness, clothing changed daily, tepid sponge given twice daily. No mental disturbance.

Case 2. Male, age two and one-half years, diagnosed disease early. Typhoid eruptions about seventh day. Gave calomel, ipecac and soda tablets freely; two grains of W-A Intestinal Antiseptic every hour and a half; Protocolein four times in twenty-four hours; hyoscyamine to quiet when nervous and sleepless. After a few days the fever steadily de-

clined. Evening of twelfth day, temp. 99. After the twelfth day the fever steadily crawled up for eight days, having an evening temp. of 104, then a fresh crop of eruptions came out. In this case, as in the other, the zinc sulphocarbonate again took the place of the W-A I. A. Somehow both seemed to do better, giving a grain every two hours; was obliged to lessen dose after a few days. A bronchitis appeared the eighteenth day and otitis the twenty-second; neither severe. Quieted ear-pain with a drop or two of a four per cent solution of cocaine. Did not suppurate. Fever showed malarial tendency, being regularly higher every other day. Not having any quinine arsenate granules, used Fowler's solution, three drops three times in twenty-four hours. Fever began to break up the twenty-sixth day. The case was discharged the twenty-eighth.

This was a curious case. Some way there must have been a fresh infection; I was unable to detect the source. Sterilized milk and water were freely drank by the child all through sickness. Used syrup of figs to keep bowels open after the third week; trinity in solution; all medicine was given in solution, but the calomel tablets. Merck's guaiacol was also used in this case. Child had stupid spells toward close of illness. Sponged in fairly cool water, especially at night during height of disease, always had a good effect. Quinine made the child vomit. That is why Fowler's solution was used.

These cases have been "strung out" in order to show how it was done and how much. I am quite well satisfied with the result and so are the friends. I have not had time to smooth up these reports. Even though crude they state the facts.

E. C. LOOMIS, M. D.
Perryville, Ind.

WHY IS IT?

I get good results from the use of quinine in pneumonia when complicated with malaria, which is a very frequent occurrence in this locality, while others say, "don't use it in pneumonia."

I usually have postpartum hemorrhage after using quinine in labor while others use it, they say, without this result.

I get very little if any good result from the use of alcohol as a stimulant, while many claim they do.

I get good results from the use of potassium

nitrate in malarial fever, and some cases of pneumonia, while this remedy is seldom mentioned by writers in medical journals. I combine it with aconite, veratrum, gelsemium, etc., as indicated.

In October CLINIC Dr. Haskin reports good results from quinine in cerebro-spinal meningitis, while my experience in this disease has been that quinine increases the convulsions, making them severe and of longer duration.

Some years ago during an epidemic of cerebro-spinal meningitis, near Sabine River, Texas, nearly every case of this disease was in families of men who owned hogs, killed and dressed them near their wells, springs, etc., leaving the hair, hoofs, etc., near their water-supply. Will the editor or someone else explain?

Is not the CLINIC becoming more theoretical, and less practical as it grows larger? I have often thought the CLINIC an ideal practical journal, calculated to be a help in every time of need, to the busy practitioner, especially the comments and answers of the editor, but how long will this continue? Will not the two-dollar CLINIC give too much space to that class of writers who like to display their knowledge of science, Latin, etc., to the exclusion of more practical matter?

I would suggest to A. G. C., Query 890, December CLINIC, to try the following in his case: Capsicum powder, gr. iij, hydrastis powder, gr. ij, ipecac powder, gr. ss., pepsin, gr. j. Mix. For one dose. Take in capsule three times daily, immediately after meals. The alkaloids of these remedies might give as good results—have not tried them. I have had several such cases lately and all of them were relieved by the above. The capsicum may cause a burning sensation for a few days, but will pass off and relief will follow, but the remedies will have to be used for some time for permanent relief.

Altonia Tex. G. W. WOODS, M. D.

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What are the reasons for doctor's disagreements?

First, they see different things. Dr. Woods sees malarial pneumonias and finds quinine useful; others have no malaria and condemn quinine.

Second, they fail to diagnose thoroughly, but stop short, contenting themselves with surmises, guesses, inferences, probabilities, instead of pushing their studies till they arrive at certainties.

Third, they fail to view their clinical ex-

periences judiciously, to distinguish between the natural course of disease and the influence of suggestion, and the true effect of medical intervention. Much of this is to be attributed to the uncertainty of the agents administered. If the doctor really did not know whether his henbane would cause sleep or wakefulness, he could not tell if the sleep following was due to the drug or not. Not the least of the benefits accruing from Alkalometry is the obligation it places on the doctor of comprehending exactly the pathologic condition present, and the precise effect that will be produced by his drugs. He harmonizes these two facts, and goes home and goes to bed. His unskilled competitor guesses twice and roosts on the fence all day, sleeps in his clothes in his office all night, ready to be called up at any moment, since he really does not know what to expect.

Is this a fancy sketch? Is it all talk? We who have tried it know how true it is. Let the doubters go and do likewise. Doctors, Alkalometry makes for your physical comfort, your reputation, your prosperity.—Ed.

VENOUS MEDICATION.

I received a sample copy of the *ALKALOIDAL CLINIC*. It is a grand work. It is the advance guard of higher and more perfect medication. Some years ago I advocated through the *Medical World* "specific medication." The thought was ridiculed by the editors. And now you are coming to this very thing. You appear willing to accept the truth when you find it. I have always been a firm believer in scientific and specific medication, and I am satisfied that in the course of time, aided by chemical research, the use of drugs will be reduced to a perfect scientific application. I am glad to know that THE ALKALOIDAL CLINIC is on the highway leading to that source. When science learns to separate the action and desired components of our crude drugs and concentrate them, and the science of pathology is more perfectly understood, we will have reached a different stage in the progress of the scientific world on medical lines.

A number of years ago I desired to discover a more scientific method of administering drugs than by the stomach or by puncturing the flesh. I constructed a golden valve and applied it on a large vein of my dog, through which I injected medicine. I discovered that the action of the drug was very rapid and pronounced; so much so that on one occasion I

killed my dog with one-fourth of a dose that a man would have taken with no perceptible inconvenience. It occurs to me that when the active properties of drugs are concentrated, and their uses known, they may yet be administered by the veins instead of by the stomach. For what is more inconsistent with the laws of chemistry and medical science, than to place a delicate dose of medicine in a pail of swill, looking for uniform and specific action on the staves of the pail, regardless of the quantity and quality of the swill? The discovery of the alkaloids opens up a broad field for a more scientific method of the administration of drugs than by the stomach.

P. C. SOULE, M. D.

Roszburg, N. Y.

THE CLIMATE CURE IN TUBERCULOSIS.



HE climate cure, while one of the most useful of curative measures in tuberculosis, is one which requires the most careful and conscientious consideration on the part of the medical adviser. So many things must be considered in making selection of a place and the results of a mistake are so serious, that it is one of the most difficult problems which comes to the physician for solution.

The following are some of the more important indications which must be met:

First: The climatic conditions must not differ too radically from those of the patient's present place of residence unless the change can be made gradually, removal covering a period of three or four weeks or more.

Second: The patient must have some congenial occupation. This is a matter of first importance.

Third: He must have pleasant surroundings and agreeable associates.

Fourth: It must not be so cold that he cannot spend a greater part of his time outdoors, nor so hot as to enervate; so damp as to promote the destructive processes in the lungs, nor so dry as to cause irritation either from dust or from undue abstraction of moisture from the tissues.

Fifth: He must be able to obtain plain, wholesome food, well cooked and served in an appetizing form.

Sixth: He must not be compelled to associate too much with other invalids.

Seventh: He must not so be situated that

over-exertion will be favored or compelled at any time.

Eighth: He must be free, in so far as possible from all sources of anxiety or irritation.

Ninth: He must be where he can have intelligent, up-to-date medical supervision, by a physician, whose sole interest is his patient's welfare; one who will not sacrifice that welfare to a fad in treatment or a fear of injuring the reputation of the resort, or his own financial interests.

One would naturally suppose that the most of these indications could be met best at a popular resort, what we might call a *professional* resort, but I would advise any physician to look very carefully into the matter and to seek information from disinterested sources before sending his patient to any of them. Do not forget when reading or hearing the flattering reports given out, the words of Dr. Gladman in the October CLINIC: "Within a few days the stranger has brought to his notice men and women who came here several years ago *seemingly* hopeless, now in *apparent* health; while those who left through the medium of the undertaker are not mentioned."

I do not say this in disparagement of Southern Pines, for my observation would lead me to believe that it is one of the most desirable of the regular resorts, but I want to insist most strenuously that physicians before sending patients away shall make certain:

First: That the case is a suitable one for sending away.

Second: That the place selected is in every way suited to the patient's condition.

My experience with the climate cure has convinced me that in a general way the best results can be secured on the highest points of the Alleghenies and on the higher foothills of the eastern slope of the Rockies, and that the best range of latitude is between 34 degrees and 42 degrees, on mountains; and 38 degrees and 45 degrees at sea level.

Moderate elevation has undoubtedly a very beneficial influence in a large majority of cases, a small number being benefited by residence at sea level.

In the treatment of tuberculosis and of all that group of diseases of which it is a type, regularity of habit is of prime importance.

The patient must have a time to sleep and sleep then, a time to eat and eat then, a time to work and work then, a time to lounge and lounge then. His bath and flesh-brushing or massage must have its appointed time. A regular habit in regard to defecation and urination

must be diligently cultivated, and even such matters as sexual intercourse should be, to a certain extent, governed by fixed rules. When the patient has been induced to bend all his energies toward the acquirement of such habits, the first great step has been taken toward recovery, and when such regularity has become perfectly natural to him, half the battle is won.

In regard to eating especially his habits must be correct. He must be taught to eat regularly of plain, wholesome, nutritious, easily digested food, to eat slowly and to masticate thoroughly. He must not be allowed to be dainty or to eat only dainties, to pick and toy and dally with his food. "Picking" and "piecing" and "bolting" food mean depraved appetite and disordered digestion, and these mean death—to him. Right habits of eating *can* be acquired, and *must* be acquired by the consumptive if he would recover. Dr. Waugh's remarks in regard to children in August CLINIC apply with equal force to adults not only before the disease is established but during its progress as well.

A habit of worry must be absolutely abandoned by the consumptive who wishes to be restored to health. He must be trained to disregard all care and anxiety. Anyone who *will*, can be cheerful, and to the consumptive it often means the difference between life and death.

This is only a hint of the influence of habit for or against recovery in tuberculosis (and in other diseases as well), but it is given with the hope that it may serve to stimulate thought and observation along this line among those who may not have given it particular consideration heretofore.

S. A. MILLIKEN, M. D.

Pleasant View, Pa.

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Two good suggestions.—Ed.

DIABETES CURED BY ARSENAURO.

Mrs. C., aged 60 years, mother of five children. Her first remark to me was that she was losing her mind, and indeed she had every appearance of one having lost their senses. She was partially blind, and one hand was turned wrong side up. I was inclined to think it a bad case of hysteria, having learned she was subject to it. Ophthalmoscopic examination revealed hyalitis with incipient

cataract of the left eye. The fundus I was not able to see on account of cloudy vitreous.

Her head symptoms becoming worse, I called Dr. Merrill of Stillwater. We learned she had been treated for diabetes mellitus some four years previous. Dr. Merrill kindly made an analysis of her urine and found 20 grains sugar to the ounce. I then evaporated eight ounces of her urine and obtained two hundred and sixty grs. sugar, or thick molasses.

She was at once put upon a strict anti-saccharine diet, and the usual treatment given for one week. She became alarmingly worse. I then remembered I never took up my CLINIC without seeing "forty-one consecutive cases," "Arsenauro" "and saturate the system." I at once ordered a supply and began with five-drop doses three times a day. After, however, a thorough cleaning of the intestinal tract, I increased this dose, by one and sometimes two drops per day. I noticed a decided increase of appetite and all went well till she came to 35 drops, then the physiological effects set in, tingling of fingers, frontal pains, puffiness, etc. I stopped one day and resumed the dose where I left off. The amount of sugar the same, bowels move from one to three times a day. I do not meddle.

Upon reaching fifty-five drops three times a day the sugar began to disappear and in three days was gone. I have failed to find a trace ever since. This seemed to be the dose limit, as any increase was followed by specific symptoms. I continued the diet and dropped back to 40 drops three times a day as a steady diet.

She has a fine appetite, is gaining strength from day to day, does light housework. I shall continue the treatment at least four months.

Of course this is but one case, but it is a genuine one, and shows conclusively the great value of "Arsenauro" in this trouble. I am using it upon two cases of neurasthenia apparently with fine results. This day, Jan. 19, the patient says she feels grand. Her right eye has become normal, the left no better.

CHAS. H. REED, M. D.

Afton, Minn.

GALLSTONES.

A very anomalous case came for treatment six weeks ago. A gentleman aged 44, farmer. Four years ago I removed a cystic tumor the

size of a large apple from the carotid region, just above the bifurcation, underneath the external jugular.

A year ago trouble developed in the right hypochondriac region, later a distinct tumor could be felt below the liver, about the dependent portion of the gall-bladder. This gradually increased in size until it was very apparent to palpation and could be outlined with the fingers.

It was movable, could be pushed from the pendent position to the left or right. He complained of a great deal of pain in that locality, made worse by exercise. He had none of the severe paroxysms, characteristic of biliary colic, was emaciated appreciably, appetite impaired, assimilation poor, and in distress all the time.

I diagnosed gall-stones; the gall-bladder partially filled with calculi, its walls attenuated and distended.

I placed him on *Liquor Hepatica*, two teaspoonfuls three times a day; *chelidonium* every four hours; and *tr. nux vomica* in 1-10 drop doses, for the severe cramps; and twice a week, four ounces of pure olive oil at night, followed by a brisk laxative of sodium phosphate in the morning.

The first week he passed, according to his description, six or eight gall-stones, but said they were soft and rather brown. I thought perhaps they were fecal scybala. The pain in his right side abated, appetite improved and he fleshed up rapidly. The tumor decreased in size somewhat.

He has worked constantly the last three weeks. I suspended the olive oil for a while, and last week ordered him to resume it again, once a week. Friday he brought me what appeared to be a number of green grapes which passed from his bowels. About 50 passed, some not larger than a grain of wheat, and others the size of a grape. They are hard and upon mashing are like a concretion of some kind.

Query: Are these gall-stones? I at once thought of some fake being perpetrated, but I fancy he would have a time concocting a deception of that kind, and besides what would be the object in doing so? The case Dr. Galbraith of Omaha had some years ago, recurred to me, in which a monomaniacal female succeeded in pushing into the womb a number of chicken bones, and by shrewd deception elevated her temperature till the mercury popped out the top of the thermometer, confusing all the doctors, and making them believe a great

many perplexing, incomprehensible and improbable things. The tumor is still present but not so pronounced, and he suffers no pain, looks well, and says that after those lumps passed it gave him wonderful relief.

Now ye mighty teachers of medical lore, speak out and let us hear what you have to say. What is it?

J. H. LOWREY, M. D.

Neola, Ia.

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I believe your diagnosis is correct.

When olive oil is given there pass from the bowels masses which were once supposed to be gall-stones, but are really derived from the oil. Nevertheless, the use of oil gives great relief in gall-stone disease but just how I am unable to say. I have had great success by giving sodium succinate, five grains, four times a day, continue! for a year.—Ed.

APOCYNIN.

I have just read an interesting article by Dr. M. J. Price in your January number, on the therapeutic indications of apocynin. Having recently had a pleasant experience with the drug, I desire to communicate it to the CLINIC family.

Mrs. J. is an old lady, eighty-four years of age, residing in the town of Falmouth, some sixty-eight miles from this city. One of her daughters, who has a position in Boston, told me that her aged mother had been greatly suffering for some time from defective excretion of urine, had to scratch her hands and feet in order to allay the itching, the bowels were constipated, and in a word, the good old lady was suffering from that well-marked train of symptoms which are recognized manifestations of uricacidemia and intestinal auto-infection. She was voiding only a few ounces of urine daily. She said that their family homœopathic doctor had used every medicine imaginable, and had been unable to relieve the condition.

I had no chance to see and examine the aged patient; judging, however, the case on general principles, and relying on the very intelligent description that the young lady gave me, I formulated a line of treatment as follows:

Dietetic.—Restriction of nitrogenous diet, and eating as little meat as possible, only two or three times a week; eating vegetables and fresh fruit in abundance; drinking one tumblersful of fresh pure water every two hours

between meals, beginning about an hour and a half after each meal.

Hygienic.—Taking a hot bath and rubbing the whole body with a coarse towel every day or every other day.

Medicinal.—For the bowels, zinc sulphocarbonate, three drams and magnesium sulphate, three ounces, put in an impervious box. Direct: A teaspoonful in a glass of lukewarm water just before retiring; Waugh's Anticonstipation tablets, one table. t. i. d. before meals; apocynin, one granule every two hours until normal, then one every three hours.

The above is the exact treatment recommended for the case. Two weeks later I met the lady in a social gathering, and asked her about the condition of her mother. She said, "Doctor, my mother feels as well as if she were a young girl twenty years old. She has carried out your instructions throughout, except in the matter of taking frequent baths, on account of lack of accommodations in the summer house in which she is living at the present time. Bowels are regular, appetite is good, urine voided is 2—3 pints, itching and scratching are gone."

I believe apocynin, or its active principle, will claim a high position in the national Pharmacopœia as a valuable diuretic, and it will be too bad to drop it, "because there is no call for it." Why? Because it has not been tried enough by the profession. I am happy to testify to its efficacy, because it was a hard case in which it demonstrated its supremacy as a diuretic.

A question: Has apocynin a distinct tonic action on the cardiac muscle, such as digitalis, strophanthus, scoparius, etc.? Or is its beneficial action in heart-disease simply due to the fact that by its virtue as a strong diuretic it relieves the high arterial pressure, and thus diminishes the amount of work thrown upon the already exhausted heart? Does it strengthen the heart "from behind," or simply flush the channels and restore the circulatory equilibrium?

H. S. JELALIAN, M. D.

Boston, Mass.

STOMATITIS.

A short time since I was called to see a case of twin girls, three months old, who had stomatitis or baby's sore-mouth, which had gone the whole length of the alimentary canal. Both were very sick with it. I gave aconitine, belladonna, Waugh's Anodyne for In-

fants, and a wash of zinc sulphocarbonate, which proved a perfect antidote for the disease, as it relieved them both at once. If it is worth anything, or a new use of the remedy, mention it in your journal.

The CLINIC came to-day, but I have not had time to peruse it; but if it is as good as the last year's it is chuck full of good reading matter, and very instructive, too. I have taken it so long that I would feel lost without it, as there are so many suggestions in it. Long live the journal.

II. W. COBB, M. D.

Perry, Mich.

APOCYNIN.



PRESUME it to be superfluous to add my testimony to the thousands who must deluge you with letters of appreciation of your courtesy to the profession, and of the way in which the A. A. Co. supplies such excellent drugs at so reasonable an outlay. I have only been practising a short time and cannot go into it as deeply as older brethren, but what I have used have given me great satisfaction. I am slowly gaining the reputation of a doctor who helps and cures his cases, and does it quickly. My medicines seem to take hold right away. It is a pleasure to me to practice when I can sit at the bedside and observe the effects of my medicines within a few moments.

I have had excellent results from caulophyllin, strychnine and hyoscyamine, administered together in capsule, every half hour, in three labor cases, with strychnine arsenate, gr. 1-30, given for a month previous to labor. It is a great relief not to fear hemorrhage, and to see those pains get in their regular work, giving the woman a chance to regain her powers between the contractions. It beats the forceps.

I have also had astonishing results in tonsillitis, fresh colds (they never get beyond "fresh" in my own case, since I got hold of the trinity and saline laxative, with coryza compound), bronchitis, intestinal fermentation, tuberculosis, etc. In fact, a real estate man, whom I cured of a severe attack of tonsillitis in about twelve hours, with only one call, by administering every hour one each of calcium iodide, gr. 1-3, nuclein, m. 2, and calcium sulphide, gr. 1-6, with some calomel and salts, stopped me in the street next day and

said if I ever wanted to put that medicine, or anything like it, on the market, he would back me for all the money I required to "boom it." Of course I assured him immediately that "I wasn't built that way."

I wish you would tell me why I didn't get good results with apocynin. I have tried it three times in a case of dropsy from valvular disease, and it nauseates and vomits the patient so I have to stop it before I can get the diuretic effect. I have read several articles in the CLINIC praising it in incurable cases of ascites, and it would indeed be a boon if it would work in this one. The patient is ten years old. I gave gr. 1-12 every three hours at first; then I tried it in half the dose; then every two hours, but it caused so much distress I had to drop it.

I hope my letter isn't too long; but I think when people are as willing to "let the other fellow live" as Drs. Abbott and Waugh (whose "Treatment of the Sick" is beyond price), they ought to be praised somewhere besides on their tombstones and in funeral orations.

FLOYD B. ENNIST, M. D.

N. Y. City.

—:O:—

Apocynin is not as good in heart dropsy as in other forms. Give the child saline laxative, a small dose every two hours, with cactus in suitable doses, and enforce the dry diet. Continue this as long as any dropsy is present, then gradually lessen the dose of the saline, but continue the cactus and the dry diet. After the child is better you may find apocynin will help to complete the cure, but I prefer it in renal and hepatic dropsies.—ED.

VERATRINE.

It was with surprise mingled with pleasure that I opened the January CLINIC. You see, I only saw one CLINIC, last July, and decided to take advantage of the premium offer, and saw no more until the January number. It is a daisy, and, as I view it, occupies a hard field.

It occupies a hard field because the people at large think that unless they are taking a whole slobbucketful of stuff at a dose, they are not taking medicine. And when the granule doctor goes to see some of them, they say, "Doctor, can't you give me something besides those little pills? They are not big enough."

But just get one of them to exercise a little

patience, and he is your friend ever afterwards.

Why? Because small doses *do the work* and leave the patient in a much better condition, that's why.

Dr. Shaller's article on aconitine interested me greatly. But why don't he and some of the other writers say something about veratrine? While its scope is not as broad as aconitine, yet there are conditions in which it is better. At least, that is my experience. Try it in congestion and inflammation of the brain, or of any organ under the immediate control of the *par vagum*.

I use it with good results in pneumonia, rheumatism, and in some gastric affections, especially if there is much irritability of the stomach, vomiting—no purging. I don't write this to expose my learning or ignorance (whichever you may term it), but it seems to me that the burden of alkaloidal literature is "aconitine."

The editor might give us an article on veratrine. He has more time, and is certainly better qualified than a country doctor like

D. E. McCARTEY, M. D.

Sinnett, Okla. Ter.

—:o:—

The editor has more time! Thank you, Doctor, I was not aware you had quit eating and sleeping. But you are right as to veratrine. It deserves more attention.—Ed.

NUCLEIN FOR TUMOR.

I began the use of nuclein with but little faith in its accomplishing any good. I had a case of intrauterine tumor; patient greatly emaciated. I began the use of nuclein with the object of building her up preparatory to an operation. She improved rapidly. I continued the use. Result, tumor gone, health better than for years and she is now the mother of a healthy six-months' old baby. She has a bad family history, having lost several sisters and one parent by consumption, and she herself appeared to be in an advanced stage of that malady.

H. A. EDSON, M. D.

Willow Hill, Ill.

—:o:—

We are glad to know of your experience with this preparation. It certainly has many surprises in store for those who use it with a mind open to conviction. Evidently this intrauterine tumor that you speak of was a

hyperplasia, which a better and more normal nutrition, stimulated by the nuclein, caused to be absorbed.—Ed.

SYNOVITIS.

Sept. 10, 1899, I saw a boy of 14 who ten gluteal region and an abscess over the right weeks previously had fallen eighteen feet to the barn floor. I found swelling in the right tibia, which was opened. The knee-joint was acutely inflamed, the leg flexed, the pain worse at night, temp. 104, reduced to 102 only by a week of constant purgation. I ordered strychnine arsenate, one granule every four hours, and a granule of hyoscine at bedtime.

In two days I found the pain better. Ordered anodyne liniment, saline laxative, and applied a splint similar to the McIntyre; also gave potassium arsenate and sodium salicylate, each gr. 1-6, every three hours. Massage was used on the leg every other day, and after several steam baths the adhesions in the knee gave way and the leg moved. As nutrition was poor, the chest was rubbed with Norwegian cod-liver oil.

He increased in strength and weight, and on Dec. 10 was discharged as well. The right leg was but one inch shorter than the other.

E. F. BENNER, M. D.

Richlandtown, Pa.

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It is a most difficult thing to criticise the treatment of an accident case, as the circumstances are better known to the attending surgeon than to the critic. It is also difficult to take up the management of such a case when ten weeks have elapsed since the accident. But the rule is almost invariable that pus cannot be evacuated too quickly and pus cavities disinfected. Then comes the restoration of the strength, by good food, good hygiene and the tonic arsenates, and this Dr. Benner seems to have accomplished very satisfactorily.—Ed.

OUR WORK.

I would like to take off my beaver to you, as you with many other men of thought and brain are doing the profession at large a great service, and incidentally the whole world's community a much greater one. Any man or body of men who assist in smoothing the sickbed pillow, and taking away the many frets and pains, with a newer and later and yet

more efficient therapy, and at the same time almost entirely removes from the sick-chamber the large, sickening and nauseous dose of "ye olden time," are public benefactors; and unborn generations will yet rise to call you blessed. I am an eclectic by graduation, but simply a doctor by practice, and I must say that all intelligent M. D.'s look alike to me. I see no lines nor Chinese walls of division and think there should be none; but all should borrow and lend knowledge for the common good. I, of course, am well acquainted with Lloyd's Specific Tinctures, a line of remedies I consider next in purity and exactness to the alkaloids. Hence you will not think strange that I should adopt, as far as possible, the alkaloidal treatment. In my judgment, the therapy for each alkaloid must grow up around it, as has been the case with other and older alkaloids, with which we have all been acquainted for years; the results being that we have greater exactness and hence a more certain and scientific treatment. Success to THE ALKALOIDAL CLINIC, and its many noble workers, who see the dawning of a better day.

F. M. IHRIG, M. D.

Goshen, Ind.

FORMALDEHYDE.

In response to Dr. Abbott's request (January CLINIC, page 32) for brief reports on formaldehyde, the following is offered:

Most extensive use of formaldehyde by the writer, as room spray or by evaporation in diphtheria. For spray, use ordinary atomizer, spraying an atomizer full of a four per cent solution of formaldehyde in water, three to six times a day.

For evaporation, have a six quart basin three-fourths full of water on stove, and add a tablespoonful of the forty per cent solution every two or three hours. Used either way it causes some smarting of eyes and mucous membranes, but does no harm. Powerful deodorizer and disinfectant, completely neutralizing odors in severest cases, and by destroying some of the bacilli, to some extent lessens spread of infection. Have also used formaldehyde in one to two per cent in Seiler's solution as throat spray, and one per cent in Seiler's solution as gargle, in diphtheria and other throat troubles.

Have used from twenty to forty per cent solution formaldehyde as an application in

small patches of eczema, followed by applications of formaldehyde balm. The formaldehyde solution is applied with a cork, camels' hair brush or piece of sponge. Formaldehyde-Balm consists of petrolatum with formaldehyde, menthol and essential oils. The latter has proven of value as an anti-pruritic, especially in pruritus vulvæ. Also valuable in indolent ulcers. In abscesses and boils following incision, evacuation, washing out with H_2O_2 , then one per cent Lysol, still better results are secured if a final irrigation with one per cent formaldehyde solution in water is employed.

Also used two per cent solution in water, freely, for disinfection of hands and face while attending contagious cases (diphtheria, etc.). Used this way it is very rough on the epidermis and probably not as practical as P. D. & Co.'s germicidal soap.

I believe it has no equal in cases of diphtheria, when sprayed about the room or evaporated from a basin of water. I have also used its combination with gelatin, Glutol, as a dressing to the freshly severed umbilical cord, with results never secured by any other dressing.

F. J. WILDANGER, M. D.

Franklin, Calif.

WE ARE PLAIN PEOPLE.

The new CLINIC is worth the money. Its familiar talks are what I like. It does not talk as if you were ethereal, so far away off yonder midst the fundamental dynamics of microbic etiology that no common mind can comprehend it, and then give no treatment. The CLINIC says, give strychnine arsenate, glonoin, intestinal antiseptic, saline laxative, etc., right to the point, and that is the idea.

RALPH WALDO EMERSON, A. B., M. D.

Owensville, Ind.

—:o:—

That's what!—Ed.

SPASMS.



GIRL, eleven years old, healthy until fifteen months ago, when she had the first "spell," and about fifty since. They begin by her staring an instant, the eyes then wink very fast, and sometimes one arm will begin to contract slowly until the whole arm is contracted

from shoulder to fingers, when the hand begins to pronate till the palm is looking outward, thumbs never crossing the palm; finally over she goes, forward or backward. Then begin contraction and extension of legs and arms, like a frog swimming, going through the motion sixty or seventy times a minute, the legs drawn up and extended as patient lies on side or back, while the arms are drawn to the body and then extended directly forward at right angles with the body, like a person punching a sand bag with both hands at once. This continues from one to fifteen minutes, when patient begins screaming. The screams are very high-pitched and explosive, with a jerking contraction of the arms and legs, in fact all the muscles of the body contract as one does when preparing to receive a sudden blow.

I was called four or five days ago in time to witness the screaming part of the spell. The patient was on her mother's lap, screaming every two or three seconds; wore a vacant look as though not conscious, jerking at every scream. Supposing the patient did not realize her surroundings, I gave nothing for a minute or two, when, noticing the patient paid some attention to her mother's appeals to keep quiet, I handed her a couple of glonoin granules. She took them, held them awhile, screaming several times more, when finally, after constant requests, she took them and soon became quiet. Upon asking if she knew when I came, she said yes. Asked if she remembered screaming, said, yes. Asked, "Why did you scream?" said, "cause I was falling."

The mother said during the screaming stage she continually called to her father, who always held her, "Hold me tight; don't let me fall in that deep water."

Her face is always very pale at the beginning of the attack. She has intense itching and burning in the rectum, abnormal appetite, eating everything and more than enough for a working man, has spells usually after indulgence in something hearty. This time she had had her fill of pork and beans.

Treatment: Ten grains calomel on the spot; saline laxative every morning; strychnine arsenate and quassin, two granules each before meals; intestinal antiseptic, five grains three times a day between meals and bedtime, Anti-Epilepsy granules, four or five a day, not because I considered the case epileptic, but to maintain an equalization of circulation; restricted diet to easily digested and assimilated food; and I hardly expect, if treatment and all

instructions are carried out and persisted in, that she will have another spell.

Diagnosis: Another manifestation of auto-toxemia in a poorly nourished subject.

What say ye, Ed. and Clinicians? I am open for corrections, and want to be corrected, for my patient may keep right on having spells, and I want to know what to do.

GUY L. LARAWAY, M. D.

Boyne Falls, Mich.

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Not epilepsy—as yet. What causes the rectal irritation? Look for worms. Look also at the clitoris, for the spells may be reflex or masturbative. You may have found the cause, however, in the gluttony.—Ed.

NINETY-SEVEN PER CENT OF SUCCESSSES WITH ASEPTIC VACCINE, WITHOUT THE LEAST UNTO- WARD EFFECT.

BY MANY successful practitioners certain minor operative procedures are regarded as of so little importance as to be unworthy of serious consideration. The student who has his anatomy at his finger ends, who is carefully taught every detail of Pirogoff's and Chopart's operations, and to whom the technique of perineorrhaphy or the thoroughly modern method of laparotomy is as familiar as the alphabet, perhaps has not even seen a vaccination or a venesection performed before his graduation. Yet I venture to assert that in ninety-nine cases out of one hundred the tyro will be called upon to vaccinate the children of his neighborhood long before his services will be required to amputate a foot in the most artistic manner, or to perform a scientific hysterectomy. It seems to me, therefore, that no apology need be made for discussing the *modus operandi* of vaccination in our professional literature, especially since it has such an important bearing upon the subject of public sanitation.

I am fain to believe that by far too many physicians are still clinging to the vaccine point, possibly because they hesitate to try a different method after so many years' experience with the older process.

In the hope that a recital of my successes may encourage some faltering brother to imitate the example of those of our number who have entirely discarded the ancient and sep-

tic point, I append a brief report of my own experience with the new Aseptic Vaccine.

Of one hundred vaccinations with the aseptic vaccine of Parkt. Davis & Co., ninety-seven yielded successful results, only three requiring revaccination. Not one in these ninety-seven cases gave the slightest evidence of morbid infection, while in all the characteristic vesicle appeared, surrounded by a very narrow erythematous areola, only. Each individual pursued his daily vocation with little or no inconvenience.

Each operation was performed under strictly aseptic conditions; the selected area was scarified down to the true skin, only, with a sterile needle, and after applying and rubbing in the lymph, the spot was allowed to dry thoroughly before the sleeve was drawn down.

If the practitioner will observe these simple precautions and give due heed to the practical suggestions to be found in the little circular which accompanies each package of vaccine tubes, I see no valid reason why he should obtain other than pleasing results with Aseptic Vaccine. In my hands it has proved to be far superior to the old style "points."

B. MENSER, M. D.

Vice President McCook County Board of Health, Bridgewater, South Dakota.

COLOR THERAPY.

SOMETHING over a year ago I was handed a copy of the CLINIC. I read it carefully, and immediately subscribed for one year, and I must say that I am always anxious for the first of the month to come, because then I get my CLINIC, and when I finish with it there is nothing left for any one else. It certainly should receive praise for its simplicity of language. It is not filled up with great jaw-breakers of medical terms that even the doctor don't understand.

I discover every once in a while an attack made on the homœopathic system, which has always made my Irish blood boil. When you pause to consider the matter, what more right has one system over the other? They all do good and all do more or less harm. Some of your contributors speak about doctoring with the essence of moonshine and imagination. Now I claim that the only system of medicine founded upon any science whatever is homœopathy, and that it is founded upon that great universal principle, chemical affinity.

Everything that is in or on the earth is in the

air in a finer form, therefore the principal colors of sunshine are red, blue, yellow, etc. and are hydrogen, oxygen, respectively. Hydrogen is heat-producing and red. Iron for instance is used to arouse the blood, by adding heat to heat. Oxygen is blue, cooling and electrical, and is used to cool off the system, as aconite. While your granules are pink, still aconite under a spectroscope analysis predominates in blue, and being blue is cooling, and balances the heat of fever, and does so by chemical affinity. There is no doubt in my mind about the colors of all medicines doing the curative part in all complaints, and not the bitter nasty taste, or imagination.

Suppose you want to arouse the liver: You don't do it with iron or aconite. Why? Because one is red and the other is blue. To arouse the liver you would use a drug that predominates in yellow. The yellow material of the drug coming in contact with the yellow material of the nerves would increase the yellow color in quantity and force the liver to act by stimulation. Calomel appears to be white, but under the analysis the yellow color is away in the lead. While redness is heat in fire, then everything that is red has heat, while blue is cold and electrical. Then everything that has blue in predominance must be cold or cooling. Therefore in the former you would need a blue principle to balance the red, or heat, and in the latter you would require a red to arouse the cold condition into action.

The whole system of man is regulated by heat and cold, and if heat predominates we have an inflammatory condition. If cold predominates we have a cold chronic complaint, and heat and cold must be properly distributed or balanced in order to have harmony in the human system.

Any man that wants to get out of his narrow system of practice cannot help but see after investigation and experiment that I have good reason to think that I am correct. To illustrate why I claim that the color does the work, we will take a bottle, the color of the material of the nerves, yellow; fill it with good water, hang it in the sun and keep it there three or four hours, or as much as possible, and you have a true homœopathic remedy to arouse the nerves of the whole system, but more especially those of the bowels and liver. You will find that by taking half a wine-glass of this water several times a day you will become as regular as need be desired, and you can push the remedy (by taking it more frequently until diarrhea is caused. I have done this in my own

case for several years and it works like magic. Each color can be taken up in the same way and have its own particular cases.

The water in the yellow bottle became charged with yellow light from the sun, because all colors transmit their own color and absorb all other colors. Hence the color in the yellow bottle must be yellow, and also all medicines that operate on the liver arousing the nerves. Then it is the color of the drugs that accomplishes the good results.

I know that your space is limited, and I could write for a month on this same subject. Some will say, "he is a crank or a fool." I can't be a crank because I am not old enough, and as to the fool, I was a nurse in a hospital for mental diseases for a long time, but I have never had any one accuse me of being unbalanced, and you would have a hard time to make me believe that such was the case. Nature never meant that we should fill up on poisons, thus adding poison to poisons, but meant we should have simple, natural means of balancing one's condition. I do hope that some attention will be paid to this article, as the idea and object are most valuable, and it is this principle that is the true foundation of homeopathy, and you must all admit that it is nature's simple way of restoring health.

Reno, Nev.

F. D. K.

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Just a little kite-flying; the string attaching it to the world of logical and deductive reason being of the frailest, yet—a thread may carry lightning.—Ed.

BOY OR GIRL?



WHILE I do a general line my work has gradually drifted into a very large obstetric practice, thereby giving me some opportunities to watch mother and child. Now, as to the cause of this being a boy or that being a girl, I think it is handed down by the influence of the mother's mind, and governed by the same laws as maternal impression. These impressions of course are very early, at or in conception, and at a certain time that we do not pretend to be able to determine. Now we all have to admit that those impressions make a good or bad boy, a pretty or ugly girl, an irritable or a mild tempered child. Well why not the same law that does those inferior things do the greater?

I have made this a special feature of inquiry and study, and am convinced that it has some-

thing to do with controlling the sex. Yes, I know I am getting into deep water and have no way of proving positively my standpoint, but have many incidents not only of observations but of cases that I advised and watched throughout. The trouble is to cause the maternal impression at the right time, and to be certain to get it in time we should begin in ample time, say weeks or months before the possible chance of conception, and make it bear heavy (the heavier the better) upon the mind that this or her next child will be a — as they may desire. Here is our plan in a few sentences: We take Mrs. A., who has six or eight girls, and specially desires her next to be a boy. We advise her to entirely drop the care of her girls as much as possible, leaving this for a nurse or even a neighbor if convenient, and procure some little boy, say a little nephew, or neighbor's child, and practically make it her own for a while, caring for it all the while. loving, fondling and petting, in fact the more her mind will dwell on the little boy the more certain it is to be a success. And if a girl is desired the opposite course is pursued. We know of this working so often and with so great satisfaction that we still recommend it to our expectant mothers.

Why does this not apply to times of war, when all mothers are specially loving their sons, their whole minds upon them? The knowledge that they will be needed, etc., etc. If it was required we could produce other arguments in sympathy with our ground on this topic, but give this for what it is worth.

G. E. FLOWERS, M. D.

Granite Falls, N. C.

PLACENTA PREVIA.



ON December 15th I was called to the lying-in chamber of Mrs. J. I had been called by the midwife in charge of this lady four days previously, and got this history: Patient 34, mother of ten children, plural births at the last two confinements, the babies all dying shortly after birth. Between sixth and seventh month of present pregnancy, unexpectedly and without any mental or physical exertion, had considerable uterine hemorrhage with very little pain; four days later another hemorrhage attended with some pain, and the woman, believing labor was coming, called their midwife, but after a few hours all symptoms of labor subsided; four more similar attacks be-

tween this and my first visit, the midwife being called each time.

Being suspicious of the cause of these repeated hemorrhages I added everything to my obstetrical outfit that I thought might serve me advantageously, and was off, arriving at 10:30 a. m. External examination revealed abdomen unusually distended and sensitive to touch, lower bowel loaded and a distended bladder, labor pains not very strong. Examination *per vaginam* found the os very slightly dilated.

Procedure: Unloaded the bowel by cold enema, and relieved distention of bladder with the catheter. By this time pains were stronger and the os sufficiently dilated to admit my index finger, and this examination confirmed my diagnosis. I waited until the dilatation increased to the size of half a crown. The presentation being a complete one, we must make a separation. Finding the thinner edge of the placenta to the left side we of course attacked this point and did not meet very much resistance in breaking up the adhesions, but a gush of blood to our elbow followed. We did not hesitate, but gently yet with firmness the placenta was thrown to one side and our hand went higher to determine the position of the fetus. Our hand came in contact with the child's back with the bag of water intact. Our intentions were to find the feet, bring them down and deliver, but we made slight pressure on the external parietes with our left hand, and this brought down the fetal head within our grasp, and finding it unusually small, we brought it down, ruptured the membrane and delivered a four-pound girl without much trouble. Immediately following was a clot of coagulated blood, quite enough to fill a half-gallon vessel, proving that we had had internal hemorrhage.

We now administered xx minims of S. & D. Ergotole hypodermically, and proceeded to peel out the presenting placenta, as hemorrhage was not very severe, and we wanted a clean passage for the second child, which was by this time kicking for exit. One foot was presenting, and without much trouble we brought the other down and delivered a seven-pound boy. Alarming hemorrhage followed, and we administered hypodermically strychnine sulphate, gr. 1-25, glonoin, gr. 1-100, and as quickly and gently as possible broke up the adhesions and delivered the second placenta, with blood spurting to our shoulder. We introduced a lump of ice, and in less than a minute could feel stronger contractions of the uterine walls, due, we believe, to the Ergotole.

In a short time the contractions were so strong and the hemorrhage so checked we felt safe in cleaning out the uterine cavity, and withdrawing our hand, now set about the task of sustaining the spark of life that was left our patient. Distressing collapse had come on, cold clammy beads of perspiration studded the face and forehead, pulse weak and thready, respiration shallow and sighing, extremities cold, face pale and muscles flabby, and the patient had all appearance of impending dissolution. But "as long as there is life there is hope." In this case the base for hope was very narrow, but we set to work. The attendants had lowered the head and elevated the foot of the bed, and were busy applying heat to the extremities in the form of jugs of hot water, hot bricks, irons, etc. We gave a rectal injection of hot salt solution, a pint and a half, and attaching an aspirating needle to a fountain syringe injected a full quart of normal salt solution into the subcutaneous tissues of the abdomen. In ten minutes we were rewarded with a slightly stronger pulse, which indicated reaction, and within the next half hour it was unmistakably established. Now, what was the wiser course to pursue, what reconstructive course of treatment did our patient require? Nourishment and some hemato-poietic agents. So we decided. Knowing that the stomach was almost if not wholly incapacitated from performing the function of digestion, we must select some predigested liquid food, and in Reed & Carnrick's Trophonine we found these and other virtues. But even this was not retained by this sensitive stomach, so for the first twenty-four hours we gave nourishment *per rectum*. Other foods were added and were given, both by stomach and rectum.

Of course, some ferric preparation must be added; so Feralboid tablets, gr. 1-3, were given every five hours. And here we want to say that in acute anemia of this character, in our belief, there is not a preparation of iron that surpasses Feralboid Nuclein (Aulde) was given hypodermically, eight drops every six hours.

About the only improvement noticeable during the first three days was in the digestive apparatus, but on the fourth the pulse was better, and gradual improvement commenced. This is the twentieth day. The above outlined treatment, with slight decrease in dosage of Nuclein, is followed, and recovery looks as if it will be uninterrupted.

Trench, Ky.

W. L. MOORE, M. D.

Condensed QUERIES Answered

REPORTS AND SUGGESTIONS.

Let every reader who can aid our inquiring friends send in his advice; and let those who ask for it report the results. We may thus more effectively aid each other and grow wiser together.

Query 1114. The lady for whose case you advised me, has improved more in the past four weeks than in all the years since the accident. We are both greatly obliged to you for your prompt assistance. The tumor persists, though it is not so sore, neither is it painful. I thought that Epsom salts solution applied, and calcium sulphide internally, might cure it; and it has certainly improved considerably. I still hope that it will get well, but if anything can be added to hasten it I would be glad. I have suggested rumex and phytolaccin. The trouble in the left pelvis I think is almost of the same nature as that in the breast, and will probably be cured at the same time. I discovered that Epsom salt solution applied to a scar removed all cicatricial tissue, in a few weeks or days. I used one teaspoonful to four ounces of water, applied three or four minutes once a day. I was in the mountains last summer and had nothing else to kill chiggers, and used it that way. It is a fine "bugicide." But I was surprised to see the mark of an axe, which I have carried nearly 50 years, vanish almost entirely. I have tried it in many cases and it takes away the scar. So I thought as cancers often arise in cicatricial tissue that it would be good, and am using it.

W. H. B., Tenn.

I do not see that I can add anything to the treatment suggested. I am aware that rumex and phytolacca have been recommended in these cases, and given with a certain benefit, but it is so difficult to get trustworthy preparations that my trials with them have always failed. In the season when you can obtain the fresh herbs a decoction would probably be active, but the dried preparations are very uncertain indeed.

Your use of magnesium sulphate is new to me and I will publish it in the CLINIC.—Ed.

Query 1115. The two cases of muco-enteritis are both well. One case was cured with W-A Intestinal Antiseptic, Saline Laxative

and milk diet; the second, same treatment adding colon flushing and silver nitrate, one grain to eight ounces of water three times a week. Hurrah for the Alkaloids! The case of gastric ulcer is improving very slowly. Treatment for six weeks has been Intestinal Antiseptics in hot water, one hour before meals, Glycozone, colon flushing and laxatives. He is emaciated and very nervous, constipated when laxatives are stopped, also has chronic nasal catarrh, very dry at night, and sleeps poorly; food still ferments in stomach. A little better in this respect.

G. S. P., Ind.

We thank you for your courteous letter and congratulate you on your success. In regard to the case of gastric ulcer, we would increase the quantity of Intestinal Antiseptics, drop the Glycozone and substitute a mixture of manganese black oxide, bismuth salicylate, sodium bicarbonate, each one dram, cerium oxalate, 20 grains, in six ounces of water, a teaspoonful every five minutes, when there is burning or distress in the stomach. If you would feed by the rectum alone for a week it ought to do good. Rub him with warm cod-liver oil every day. For the catarrh of the nose try Camphoral. It has done much good in a case now under our treatment.—Ed.

Query 1116. Is there any known method to control sex? If so, what is it, or where can the information be obtained?

J. A. B., Ark.

There is no known method of controlling sex. The most substantial information yet adduced is that coming from the Arabs of Central Africa, which goes to show that the weaker sex, that one most liable to die first, is reproduced. Beyond this all is theory with no base worthy of serious consideration.—Ed.

Query 1117. Of what are Grove's Chill Tonic and Febriline composed?

D. H. C., La.

The preparations are both composed of the alkaloid, cinchonine.—Ed.

Query 1118. Kindly give more definite treatment of chronic rheumatism. Also give your opinion of the best daybook and ledger that gives space for brief notes, or diagnosis and treatment of cases. If you have reprinted the Sexual Hygiene matters under one cover I would like a copy. I enclose price-list of alkaloidal granules, but even their half-price does not tempt me.

M. S. W., Minn.

Chronic rheumatism is not very satisfactory to treat, unless you can get your patient on the vegetarian regime, and use the Betz Hot Air Bath in conjunction with the remedies advocated in the Handbook. Such patients are hard to manage, as they are fond of their bellies, and cutting off the meat breaks their hearts. Nevertheless this must be done, and the bowels rendered aseptic, if you wish to cure them.

The "Physicians' Protective Accountant" is the only case-book known to us which can be produced as legal evidence in a court of law. That is why we advocate it. It does not, however, give space for notes on diagnosis, unless you take up more space with fewer patients than it contemplates. The Sexual Hygiene matter will probably be republished in book form.

There have been a large number of companies who have started out to furnish cheap granules, but scarcely one of them is now in existence. They have all found that business could not be done on the cheap basis successfully. The quality of the goods had to be lowered, then the goods were made for them by some pill-making house, and the quality still farther lowered, the company becoming simply a means of getting customers and levying a double commission for sending their orders to drug-houses; finally they have gone out of existence. The best things are none too good for the sick, but the best things cost most, for materials, and for a high order of skill and care in their manufacture; and that is what the A. A. Co. requires for those who work for it.—Ed.

Query 1119. Dec. 26, E. P., a blacksmith, aged 42, well nourished and of good habits, arose in his usual good health. About nine o'clock while in his shop, he began to complain of pain over right eye; five minutes later the pain was so great that he had to be assisted to his house. I found him ten minutes after attack, sitting in a chair, suffering intensely, voice hoarse and unnatural, surface cold, pulse 32 and very weak, pupils contracted, vomiting profusely. This continued an hour. He described the pain as going up over top of head, and back towards base, felt like the skull was

being crushed down on to the brain in a vice. In an hour from the beginning of the attack he became unconscious, right pupil dilated, left sharply contracted. Within the hour severe general spasms set in, which continued with gradually decreasing severity for two hours. Within three hours the temperature rose to 104 with complete paralysis of the entire left side. Three hours later the right pupil became sharply contracted like the left. Involuntary movements of the right arm gradually ceased, and he lay in deep coma, with stertorous and irregular breathing, irregular pulse, and involuntary action of the bladder, until death ended the scene, just forty hours after beginning of attack. Kindly give diagnosis.

Would any treatment have done any good? And what would you have advised?

Old Subscriber, Ohio.

Scientifically your case is of immense importance and interest to the neurologist, but gives nothing of hope or cheer to the patient or his friends.

It is a case of apoplexy in the strict neurological sense, but not in the meaning of the general practitioner.

Apoplexy simply means a sudden fall, or a stroke, and may be caused by: (a) Hemorrhage, (b) embolism, or (c) thrombosis.

This case is *embolism*, and this is more likely to occur earlier in life than the other two. From 20 to 40 years is the common age.

Hemorrhage occurs a little later in life, say from 50 to 65 or 70; while thrombosis is more likely to come on from 70 onward.

In this case we have the right age for *Embolism*, a little too young for cerebral hemorrhage.

In the majority of hemorrhages the stroke is sudden, in embolism not quite so sudden, and thrombosis is generally much longer in its onset. In this case, the onset is too sudden for thrombosis and not sudden enough for cerebral hemorrhage, but about right for embolism. About the anterior two-thirds of the dura mater is supplied by the fifth pair of nerves, hence the initial pain in the region of the eye and fore part of the brain, and the sense of traveling backward. The motor centers were not at once destroyed but irritated, hence the convulsions.

In case of injury to the base of the brain there is vomiting, which we may or may not have in meningitis, depending entirely on whether the base of the brain is affected, and almost always have in tubercular meningitis, as in these cases the base is generally affected. On account of the vomiting we have reason to suspect that the base of the brain is affected.

The superficial origin of the fifth pair of

nerves is on the dividing line between the pons and the middle peduncle of the cerebellum; the circle of Willis with the nutrient arteries going to the basilar ganglion are here, and the internal carotid artery is the chief.

The science of medicine many times can tell you a man is drowning, but furnishes no means of saving him. Here we can tell you what is the matter, but have no remedy. If the lesion had been a little less, your patient might be breathing now, simply vegetating, without recognizing any of his environment, a mere imbecile. He is best off where he is. It may be hard to say, "Good bye," but it is best.

J. J. M. ANGEAR, M. D.

Professor of Neurology, Illinois Medical College.

Query 1120. What is the best brand of Antitoxin? What is the best thing to wash out the bladder in cystitis? Is Urotropin all its manufacturers claim?

M. W. S., New York.

The reports we have received on Antitoxin favor Parke, Davis & Co's product. I use it in severe cases, and in fact whenever the diagnosis has been made certain, using it early; but I set great store on calcium sulphide when given in full doses in this disease, also on thorough local antiseptic treatment.

In cystitis wash out the bladder with warm water containing a tablespoonful of distilled hamamelis to the pint, then inject into the bladder an ounce of aristol-europhen-petrolatum. Urotropin has given excellent results, given internally 30 grains a day. I like it better every time I use it.—Ed.

Query 1121. What is the best treatment for telegrapher's paralysis, also preventive if any? What is the best treatment for acute gonorrhea?

W. G., Ill.

In regard to the telegrapher's paralysis, I would suggest the use of strychnine in full doses, keeping the bowels well cleared out and aseptic; and static electricity; but there is no question but that the victim must change his occupation. If possible he ought also to take a year free from any serious occupation of mind or body, going back to the farm for that time, or else out into the Rockies to prospect for gold mines. The complete rest of mind and hands is of far more value than medicine.

The best treatment for gonorrhea is the use of Protargol, locally, and for men I prefer Mitchell's bougies; for women the vaginal suppositories advertised in the CLINIC by Bierstedt; for chronic cases the use of europhen-aristol-petrolatum for both sexes; and for all

cases, acute and chronic, both sexes, keep the bowels cleared out by Saline Laxative and give about seven grains a day of calcium sulphide.—Ed.

Query 1122. My girl, 5, has had a sluggish liver since early infancy. She is quite large but not out of proportion. My liver has been the bane of my life. The ordinary laxatives have no appreciable effect upon her. She is a blond, and has a beautiful complexion, save at times scaly eczema of the cheeks. Since one year old she has frequently recurring attacks of breaking out, like the bite of an insect, and varying in size from a small pea to spots as large as a silver dollar. The center will be raised and white like a welt, shading off into deep red. Her stools are that peculiar white, showing absence of bile, notwithstanding I have given her heroic doses of the supposedly very energetic cholagogues, podophyllin, euonymin, cascara in various forms, rhubarb and Buckley's Sulphur Compound. The latter I gave to her one granule every hour without effect for one day, the next day two granules, and that reinforced by enemas of soap and water, secured one or two fairly full evacuations but of the same clay color. Her eyes have been perfectly clear, also skin; urine sufficient and not showing evidence of bile, though I did not test it. This morning she is decidedly jaundiced for the first time, tongue thick, brown coat, no appetite, and crying every few minutes with an intense pain at the umbilicus. Palpitation does not show the liver enlarged.

J. W. J., Idaho.

Use Carabana Water to open bowels, and then keep them regular with Waugh's Anticonstipation granules, watching the stools carefully, and on the least indication of their becoming colorless or fetid, aid the granules by the Carabana Water.

It is possible that there is also some catarrhal condition of the small bowel present, for which I would suggest copper arsenite gr. 1-1000, and piperine gr. 1-67; of each from three to six daily, to correct the catarrh and add tonicity to the bowel. But, Doctor, have you regulated this child's diet carefully? Do not let her eat too much meat, and see that she chews her food thoroughly. Stop cold drinks altogether, the best beverage probably being hot oat-meal gruel.—Ed.

Query 1123. Woman, 34, mother of three children, eldest 15, youngest lost at eighteen months with meningitis eleven years ago, two miscarriages, five and six years ago; pneumonia five years ago, followed by grippe and not well since; treated for catarrh of the stomach at Battle Creek for six months; been in California last four months. Normal weight 165, present weight 130; temperature usually subnormal, no cough; both ovaries removed, one two years ago for cystic degeneration.

Examination shows fibroid phthisis, with considerable contraction quite general over whole lung area, extreme nervous irritability; has recently taken strychnine, about one-half grain a day for some weeks, with salol, five or ten grains after each meal. Has been living on nearly vegetable diet. I put her on carbonate of creosote in increasing doses and strychnine arsenate gr. 1-5, *t. i. d.*, milk and cream in addition to regular meals, Bovinine three times a day. Waugh's Anticonstipation granules, and sodium sulphocarbolate. There is no cough. Have added meat to diet. Patient lost two half-brothers with phthisis.

W. S. F., Cal.

Give her cod-liver oil to toleration, with Arsenauro in full doses. Unless tubercle bacilli are detected drop the germicides. Fibrosis requires different handling. Thiosinamin is the alternative. Feed up and use Caroid freely.—Ed.

Query 1124. I have a fine young mare who became lame in one hind leg. One could hardly notice it unless she trotted. After three weeks the lameness suddenly left the side it started in and went to the other side. No swelling to be seen, eats and drinks heartily, temperature per rectum 100 to 101, breath offensive. Can she have rheumatism, and what shall I do for her?

W. C. E., Ia.

The disease is rheumatism. I would suggest acting on the bowels by colchicine, and giving sodium salicylate, sodium sulphocarbolate, each one to four drams a day, to disinfect the alimentary canal. Dr. Epstein suggests that the affection is hereditary. You can tell if the temperature is normal by taking that of another horse which is healthy. I cannot say much for my qualities as a Vet, but believe that you will find that correct.—Ed.

Query 1125. Lady, 20, menstruation irregular and painful. About a year ago dilated os, which is of pin-hole variety. For a time following that, with local and general treatment, she improved, though she has never been regular. If you can suggest any modification of treatment of Query 885 we would appreciate it.

H. J., Idaho.

If the lady is anemic the treatment recommended to Query 885 will be applicable, but if not I would suggest the use of Buckley's Uterine Tonic, one granule every two hours until the effects of atropine are manifest. In either case the existence of dysmenorrhea indicates endometritis, and the treatment by euophen-aristol-petrolatum would be advisable.

In regard to Sanguiferrin: It is a preparation of raw blood, with iron and manganese.

It is believed that the nutritive elements in it are more easily absorbed and assimilated than in cooked food, the raw protoplasm slipping very readily into the circulation. At any rate, Dr. Abbott has had experience with it warranting him in his cordial endorsement. Dr. Waugh has used it also with good results, and the similar preparation, Bovinine, for many years. Of course, if blood can be put up freshly, you will get the same result from it, but you know that is impossible.

There is nothing miraculous about the action of alkaloids, but I am sure your further experience will bear out our claim that they are superior to the older preparations. As you say, they require more accurate aim and accomplish more.—Ed.

Query 1126. Is there a company in your city which teaches pharmacy by mail?

H. Z. F., Ore.

I know of no company in this city teaching pharmacy by mail, and as no such company would be recognized by the State Pharmacy Board, would advise you to look very carefully to any such before investing in it. The Illinois Medical College has opened a Department of Pharmacy, the sessions of which extend from January for nine months and possibly throughout the year. You had better write to H. H. Brown, Secretary, 103 State St., for particulars.

Some years ago the Chicago College of Pharmacy, a perfectly reputable school, now affiliated with the Illinois University, conducted a mail course on pharmacy preparatory to the regular college work. Write to Prof. Hallberg about it.—Ed.

Query 1127. Have had a cough night and morning for eight years, no fever or sweats; sputum examined twice, negative both times; am affected with great dyspnea and gastric disturbances. Was in the Cumberland Mountains from June till October, had fever from September till October, and came home greatly emaciated. This fever was stopped under a rigid regimen of quinine. I am 30 years old and have a very bad liver.

B. R., Tex.

Send a sample of sputa for examination at our laboratory. The fact that no tubercle bacilli were found is favorable, but how about the other micro-organisms? It is evident that there is more the matter with you than a simple chronic bronchitis. Use cod-liver oil, rubbing the whole body with it every night before going to bed; also the inhalation recommended

in the August CLINIC, and the advice there given as to disinfecting the bowels. Further than this I would not dare to advise until I know about the sputa.—Ed.

Query 1128. Whose preparation of dark cod-liver oil is used by Dr. Waugh?
S. D. C., Oreg.

Dr. Waugh does not use any special brand of cod-liver oil. In Philadelphia his patients got the dark oil from the tanners. In fact, in Chicago he finds it very difficult to obtain any good dark oil.—Ed.

Query 1129. Girl, 18, ill health two years, began by general debility accompanied by tickling in throat, continual clearing, health gradually declined, easy to take cold, chronic pharyngitis treated by several physicians before coming to me one year ago. The fires are burning some place that I know not of. She is confined to bed, pale, anemic, temperature 99.6, spells of coughing twice in twenty-four hours, does not expectorate a great deal but it is foamy, cough dry and does no good much of the time. At times she is nervous, pupils slightly dilated, tongue broad, pallid, with dirty yellowish coating, breath foul, emaciated, pulse 110, small and soft, pain in stomach, pain and tenderness upon pressure in right iliac and suprapubic regions; has not menstruated for four months, history of dysmenorrhea, bowels move twice a day, night-sweats, backache, lumbar region most all the time, headache almost constantly; no heart-disease. Not much rales in lungs, right lung some blowing sounds, left lung moist rales in infraclavicular region and blowing, dry, labored respiration. What would you suggest?

R. W. E., Ind.

The case looks tubercular. Otherwise the throat trouble should have given way to you: good treatment. Examine the throat and larynx, and apply tincture of iodine to all diseased tissues. Then clear out the lungs by inhaling the fumes of boiling vinegar, five minutes every night before retiring. Follow this by atomizing euophen-aristol-petrolatum, telling her to draw it well down to the bottom of her lungs.

If she will not have a vaginal examination, examine by the rectum, which is just as effective, and see what is the condition there. Bring up her vitality by giving iron, quinine and strychnine arsenates, and nuclein, one of the weaker granules of each every hour while awake. Keep the bowels regular with Saline Laxative, or with anticonstipation granules if her menses are absent or too scanty.—Ed.

Query 1130. I have a case of pelvic abscess in which I have been giving seven grains of calcium sulphide a day, but have now in-

creased to fourteen grains a day. Is there any danger in giving it in such doses for a long time?

I. L. H., Cal.

I scarcely think fourteen grains a day of calcium sulphide would be specially dangerous, but that it would probably be unnecessary.

By all means add to your treatment the euophen-aristol-petrolatum injected into the uterus, and drain the pelvic tissues by tampons saturated with pure glycerin. Possibly your patient's vitality needs stimulating also, with the arsenates of iron, quinine and strychnine, in full doses. Sometimes the healing process will not begin until the vitality is raised.—Ed.

Query 1131. Lady, 70, stout, afflicted ten years with a peculiar sensation of heat on right side, particularly of leg. She is not nervous, but this will prevent her sleeping. The only cause I have been able to find is a slight stomach disorder which sometimes troubles her, consisting of fermentation, causing abdominal distention and acidity. Every other organ seems normal. Menopause 20 years ago, nothing unusual. No symptoms now referable to pelvic organs. At times there has been a scantiness of urine and a creamy deposit. Bowels regular and tongue clean, a little anemia, at times pains in limbs, ankle and heel, showing a rheumatic diathesis. The feeling of heat is very distressing and makes her uncomfortable most of the time.

A. I. B., Ont.

My impression is that the case is of cerebral origin, and that there is a little senile change going on, on one side of your patient's brain. However, women, especially at her age, are so exceedingly liable to constipation, and the effects are so far-reaching, that I would apologetically suggest to you the wisdom of flushing the colon in the most thorough manner three or four times in succession, until you are absolutely sure that the way is perfectly clear. This, even although her bowels are regular and tongue clean.

Follow this with a course of avenin and berberine. The one influences the nerve centers in some unaccountable manner; the other gives a certain degree of tonicity to the tissues generally.

As to the diet, and treatment of the anemia, you know as well as I do what to do about that.—Ed.

Query 1132. Man, 21, active, never robust, good appetite, has frequent attacks of apparent unconsciousness. He will be sitting talking and suddenly drops his head, chin or chest or lolling on one shoulder, sometimes makes a mumbling sound, sometimes the face is contracted as if he were in pain. The attack lasts

less than a minute. If then he be quickly spoken to he answers promptly and naturally. The sounds he makes are plaintive, and frequently his eyes are full of tears after the attack. He can or will give no account of his sensations. When interested in the subject of discussion he shows himself much less subject to attacks; if such do occur they are not so long in duration, quite momentary. Has them at meals. He is intelligent and of sound judgment. He seems to care very little for the opposite sex. There is nothing about him which alarms his friends, other than the spells described above, which have been noticed about a year. Please give treatment.

J. M. B., N. S.

I judge your case one of epilepsy, and with the present treatment the prognosis would be good. Keep his bowels absolutely empty and aseptic. Put him on the vegetarian regime strictly, and give him colchicine, three granules a day, or more if necessary, to keep the kidneys thoroughly washed out and the bowels a little loose. I would not use bromides.—Ed.

Query 1133. Case of hysteria, spells at night, cannot lie down, short of breath and shakes as though in a chill, heart-beat below normal; cervical endometritis and erosion. Could all this trouble be from the genital organs?

H. H. L., Kans.

By all means cure the uterine disease. For the paroxysms give hyoscyamine, glonoin and Buckley's Uterine Tonic, one granule each every half hour until relieved, or until the mouth begins to dry. Applying a little mustard over the pneumogastric nerve on the right side of the neck will aid materially in the cure.—Ed.

Query 1134. My father, 64, very fleshy, was taken very suddenly late in the evening with rigors, and then high temperature which lasted till morning; meantime his left foot swelled and pained him. The next morning his foot was so sore that he could hardly bear to have one touch it. The leg was swollen some up to the knee and all of the tendons are very sore yet. He had been complaining for several days of a frontal headache, constipation and anorexia. What is it? Gout?

R. C. B., Tex.

Your father's case looks to me like phlebitis rather than gout. If the latter, of course the history will soon show it. Keep the leg elevated and cover the inflamed surface with mercurial ointment. Keep his bowels open and regulate his diet carefully. If gouty, give colchicine.—Ed.

Query 1135. I have forwarded a root to you by this mail. It grows in but one locality, the top of a most inaccessible mountain. It is

said by the natives to be a sure cure for syphilis. The Indians prize it highly and make long journeys to secure it. I should be much pleased if you could inform me of its botanical name, if you can recognize it.

M. A. B., Arizona.

We received the root you send us, and recognize it as the root of an Echinacea, probably *angustifolia*. There are several varieties of Echinacea, and it is impossible to identify them absolutely from the root alone, as you, of course, know. The sample you sent us, however, bears all the physical characteristics of structure and taste belonging to the drug above mentioned. This plant grows in Kansas and Nebraska, also.

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Query 1136. Lady, taken first with typhoid symptoms, on seventh day discharged. She then made a forty-mile trip each day for two days, in less than one week after getting up. Has same symptoms again. Down four weeks. Been up now for five. Over front and side of left lung I find dry friction sounds, and she is now coughing.

Girl, 7, has glycosuria with polyuria, passes six to 16 pints of urine in 24 hours. Now on nuclein, strychnine arsenate, hydrochloric acid, saline and Jumbul seed, and is some better.

J. R. L., Ill.

There is probably a continued infection, either from the alimentary canal or from some unhygienic condition about the premises, but the disease is recurrent pleurisy; possibly tubercular but I think not. Rub the chest with compound ointment of iodine, or of red oxide of mercury, or else put a jacket of Antithermoline upon it, giving internally Intestinal Antiseptics in full doses and Saline Laxative to keep the bowels running freely. Enforce the dry diet, cutting down liquids to the lowest possible point.

In diabetes I have used jambul, but it is only a palliative, without a single cure to its credit. I have several cures from strontium lactate. The dose for the child is 20 grains a day. Keep the bowels also free and clean. I am trying the effect of several alkaloids from opium, as I believe that among this group will be found a better remedy than any yet discovered. The only objection is, they are relatively expensive, especially laudanum.—Ed.

Query 1137. What is this *euphen-aristol-petrolatum*? I suppose it has been discussed in CLINIC, but I've been reading only since July, '99.

What is your best treatment for "nursing sore mouth"? I have a bad case now in which I am using your sulphocarbolates, sp. tr. of

collinsonia and phytolacca, saline laxatives. The case is very anemic, for which I am giving Sanguiferrin. She is improving some.

R. E., Ind.

The preparation you ask about is an emulsionlike mixture of euophen and aristol in fluid petrolatum. It isn't easy to put together, and the ingredients are not obtainable everywhere.

I think you are doing very nicely with your nursing sore mouth patient and would only suggest that you keep along as you are doing. Possibly the patient is eating too much starchy food. For a mouth-wash, something like the following has served me an excellent purpose: Fluid extract of hydrastis 2 drams, borax $\frac{1}{2}$ dram, water to make two ounces. Keep the bowels well open with saline laxative, given preferably three times a day, half an hour before meals. The Sanguiferrin is an excellent preparation for anemia.—Ed.

Query 1138. Please give me the best treatment you know for whooping-cough. My child, two years old, has had it two weeks severely.

C. C., Miss.

Give your child two grains of quinine every four hours and a grain of calcium sulphide every hour. Give the quinine in syrup of yerba santa, so as to get a local effect. With these two you should see an improvement within four days.—Ed.

Query 1139. On receiving my February CLINIC I was surprised at the fall in price, as I have puzzled for a year over, "How you did it." When you announced the rise to two dollars I was one of the great majority who considered the CLINIC well worth it and said nothing. Now, however, I feel it my duty to at least say I am pleased and I hope to soon be able to add one to your list of subscribers in this section.

I have had three cases of intolerable burning of the stomach in typhoid from that prince of antipyretics, Defervescent comp.

I pushed it in one of these when it produced burning, nausea and vomiting of blood and mucus. Why was this? The temperature was high in all the cases, and urgent need of a quick, sure antipyretic; and all had been thoroughly cleaned out and disinfected, flat bellies and moist tongues.

H. C. C., Tenn.

In the cases mentioned I believe there was typhoid ulceration of the stomach, and but for your excellent treatment you would have lost them both.—Ed.

Query 1140. A woman, 26, suffered 12 years ago from abscess of perineum; ever since she has suffered most aggravating pruritus.

The vulva, anus and surrounding perineum are affected, and she nearly goes crazy from the itching, especially at her menstrual periods. She had leucorrhea, bowels constipated, urine scanty, loaded with urates. Family history lithemic.

She was put on strict diet, and followed it too, and has taken regular exercise every day. I forbade all red meat, cheese, eggs, canned fruits and syrups, pastry, hot bread, tea, coffee, wines, etc., also all made sauces and condiments; ordered fresh fruits and vegetables, the breakfast foods, fish, poultry, etc.; made her drink plenty of water between meals.

Finally I put her on Thialion, and after taking three bottles she is as bad as ever, although the urine is alkaline and free from acid.

She has no pinworms, nor any symptoms of diabetes, and I confess that I am at the end of my tether.

H. J., Pa.

The case is a difficult one or you would not have failed. Draw the diet closely, especially as regards coffee and tea, and apply one of the following—I have used each of them with success in certain cases: First, a paste of salicylic acid and starch, one part to three. Second, painting with compound tincture of benzoin. Third, ointment of red oxide of mercury, 20 grains to the ounce. Fourth, Glycozone. Try each of these in succession, for a week at a time before you decide they are not doing the work. Finally, try Goulard's extract, one part to seven of water, painted over the parts repeatedly, whenever the itching recommences. Internally, give nitric acid, ten to fifteen drops before meals.—Ed.

Query 1141. A wife, 35, never pregnant, fair health, uterus very flabby prolapsed, piled up on itself like a dishrag, falls backward and to the right, cervix pale and bloodless.

Menstruation regular, painful at times. I am using cotton with ichthyol and boric acid, behind uterus to hold it in position, giving Buckley's Uterine Tonic and lapactic pills to keep bowels open; think I shall give in addition strychnine and hydrastis.

Can the editor or any of the CLINIC family suggest a better treatment?

J. R. B., Ill.

Quit depleting that anemic uterus at once. Substitute Sanguiferrin for the ichthyol and boric acid on tampons. Add berberine, gr. 1-6, three times a day, to condense the tissues somewhat. It would be good to give her Sanguiferrin internally, with nuclein and the tonic arsenates in full doses.—Ed.

Query 1142. Lula W., 5, taken with vomiting and purging Jan. 6, continued until 9th, 6 p. m., when I found temperature subnormal,

pulse weak and thready, eyes sunk, slight cough, hiccough, very restless, could not lie still in bed.

I gave glonoin and strychnine every half hour for four hours, then every hour, together with Waugh's Anodyne and small doses of codeine. On the morning of the 10th found her in collapse, vomiting thin glairy mucus streaked with black; could keep nothing on her stomach. I gave calomel gr. 1-10 every half hour for five doses, then every hour for five doses more; also atropine sulphate gr. 1-250, six granules, water 24 teaspoonfuls. Dose, one teaspoonful every hour, followed by half a teaspoonful of hot whisky punch; and a hot brick to feet.

At 10 a. m. called in Dr. M., who suggested a spice poultice over the stomach and hot water bottles around her, which we applied; also gave normal solution of salt water per rectum, and gr. 1-100 strychnine sulphate hypodermically.

At 12 o'clock p. m. found more labored breathing and some cardiac dyspnea; gave gr. 1-200 glonoin and gr. 1-100 strychnine hypodermically, which relieved the dyspnea. She rested better until five hours later, when she raised up in bed, turned over, and died at 6 a. m., 36 hours from the beginning of treatment.

I would like the opinion of the editors or other readers, as to the diagnosis and treatment of the case.

C. E. R., Tenn.

Gastritis, the cause not appearing in the history, but of the poison type. The treatment was not well chosen. The indications were to subdue the gastric irritability and sustain the strength, after evacuating the stomach and bowels. A few doses of rhubarb or oil, at first, with counter irritation over the pneumogastric in the neck; bismuth and sulphocarbonate in small and frequent doses, atropine to effect, hot nutrient enemas, hot mustard baths, would have been my choice. If there was reason to suspect the swallowing of any chemical poison, the stomach should have been washed out, and this might have furnished another indication.—Ed.

Query 1143. I have had two cases of pneumonia and both of them died promptly. I had the best physicians of the town as consultants, and strange to say both died of the same complication, endocarditis. Since reading your CLINIC two years ago, and noting the apparent success in the treatment of pneumonia, I am very anxious to secure your help in this, the most dreaded of any disease, to me. I also have a case of dilatation of the heart without compensating hypertrophy, with considerable œdema of legs and ascites.

Where can I secure Juergensen's classical treatment of pneumonia, or if you have anything specially good, send it to me and I will

remit at once. You can well imagine the trouble I am in.

N. E. S., I. T.

The CLINIC for June, September, October and December, '99, had special articles on pneumonia; so, also, has the January, '00. From these I hope you will get much good.

Your case of dilatation without compensation should go in a horizontal position in bed, and be digitalined down to quiet heart-action, so that the coronary arteries can feed the muscles. Insist on dry diet. Juergensen's monograph on pneumonia appeared in Ziemsen's Cyclopaedia. If you will follow the treatment in the CLINIC it will be all you will need.—Ed.

Query 1144. Often in practice I find children six months, to one and two years old, in severe pain, with a stomach in a condition that it won't absorb any certain amount of drug. I wish you would give me an expression either by letter or in the CLINIC what is a safe dose of morphine to administer to such cases.

C. W. M., Ind.

The point you raise is a very important one. The fact that stomachs get into a nonabsorptive condition is not recognized by the profession as clearly as it should be, and harm often results. In this condition morphine should always be used hypodermically, if at all. As a rule, evacuants and volatile antispasmodics like the mints, glonoin and perhaps hyoscyamine, will relieve the patient much more surely than morphine, without any possibility of unpleasant after-effects. Every case of this kind needs to be handled with judgment. Half the dose of morphine suitable to the child's age should be administered hypodermically, but if hyoscyamine be employed, the full dose for age is advisable.—Ed.

Query 1145. Is "Mercauro" a homœopathic medicine? I read in a medical journal reports of cases of hemiplegia treated by potassium iodide, electricity, etc. The iodide always disturbed the stomach, so Mercauro was given successfully, ten drops four times a day, increased gradually to forty drops or as much as stomach would tolerate. I thought I would try it. Could only find it in one drug store. The druggist said it was a homœopathic remedy, and sold for fifty cents for half ounce vial. That is too much to pay for a label. Iodides, iodoform, all potash preparations, ruin my stomach. Your "Intestinal Antiseptics" do the same. The second one produces a distress in my stomach. They are too astringent. I guess I have much hyperesthesia of terminal nerves. Would cicutine help me any? The stinging of a mosquito or a bedbug will start the paralyzed limb in spasms, tie it all up in

knots like cholera morbus, and then shake it like an ague.

G. H. V., Fla.

Mercauro is not a homœopathic remedy at all, but a bromide of mercury and gold, made by Parmele, of New York. You cannot put much gold into a bottle of medicine that sells for \$1.00.

You have evidently a hyperæsthetic condition of the stomach. I would suggest for it the following mixture: Bismuth salicylate, sodium bicarbonate, black oxide of manganese, each one dram, cerium oxalate, one scruple, water to make six ounces; a teaspoonful every five minutes when you have irritability of the stomach, and four times a day in the intervals. I have found this subdued irritation very nicely. But this after all covers only the symptom and not the cause.

Now, what is the cause. Doctor? Is it not uricemia? Are you not a meat-eater? If so, in your diet will lie the true remedy. Better ask your wife this. Men often tell me that they are not meat-eaters, but their wives tell a different story. I rather think you eat meat three times a day and drink plenty of milk, and do not take a great deal of exercise. How near am I right in my guess?—Ed.

Query 1146. A girl, 9, divergent strabismus, straddling, running, falling-forward gait, worse when she first gets up; can scarcely keep on a three-foot walk then, but after up awhile can walk a mark, one foot each side, but cannot put each foot on the mark, yet stands on either foot with eyes closed. She cannot march to time but has to fling each foot forward. In putting either foot up into a chair she throws it up with a kind of flop. She can write a few letters, can make a circle, can sometimes thread a needle and sew, sometimes her hand shakes too much. She never walks, but is on the run from morning till night, often falls down. She is bright and has a good memory, can repeat whole verses from hearing once; well-developed, large and strong, can carry heavy weights, bones, joints and muscles normal; eyesight normal, head large, well-formed, upper part broad and flat, measures 23 inches round and 15 inches from one meatus to the other over the top; uses left eye, turns to left to look at object. She had sick spell when five months old, called spinal meningitis, fever, no convulsions, head retracted a little, nursed as usual during whole sickness, could not walk until over three years old; disease lasted over a month; parents think she was entirely blind for three months, never moved her eye-balls; when two years old an oculist pronounced her blind in one eye; atropine used, pupil dilated several days. When she runs she carries her body well forward. Spine straight and not tender.

I also have a patient who almost continually

for ten years has had sore mouth, commences with soreness in stomach then red spots on tongue, lips, etc., which form little ulcers and develop in crops for some time. Have tried, locally pot. chlorate, bismuth, borax, zinc sulphocarbonate, peroxide, etc., had bad teeth extracted, have new plate kept clean; internally iron, silver, rhubarb and soda, hydrastis, soda sulphocarbonate and Glycozone, etc. All seem to help for awhile. What is best to tie to?

C. H. M., Ore.

The difficulty with the legs is the result of the meningitis, and might be favorably affected by the long-continued use of absorbents, such as iodoform, two to six granules a day, keeping the bowels regular, and avenin, three granules a day, to promote the nutrition of the nerves; but it may be that the strabismus aids in causing this condition and I would advise you to have the muscle operated upon as soon as convenient. It is a right thing to do anyhow, and may very favorably influence the other condition.

In regard to the patient with sore mouth: Keep the bowels empty and aseptic. I would suggest the use of juglandin, from seven to fifteen granules a day if an adult, using the Anticonstipation granules whenever the bowels require it. When the ulcers come out, dry them and cover with Johnson's Odorless Iodoform, giving a grain or two of this to be swallowed at the same time. Keep the mouth washed out with some mild antiseptic like Listerine. If the stomach symptoms are marked at this time, give also black oxide of manganese, from five to twenty grains a day, until the soreness subsides.—Ed.

Query 1147. What would be best for my little boy seven years old, perfectly healthy seeming and very hearty, except his heart intermits, worse when in bed. Will beat from five to ten or more beats, then check. Very lively and ambitious. The picture of health. In fact seemingly all right in build, complexion and strength.

W. A., Kansas.

Intermitting heart means less at this boy's age, but still it means something, most probably digestive disturbance. Get the boy as close as you can to the vegetarian regime; discourage him in the use of meat, and give him occasionally a granule a day of cactus when you notice the intermission is worse. Or if it is at all severe, give a five-grain tablet of sodium iodide, dissolved in a glass of water, in divided doses through the day.—Ed.

Query 1148. A man, 65, well and healthy otherwise, suffers pain in right shoulder joint

when working or moving arm backward, also on pressure on any spot of the scapula or above the deltoid muscle. The pain shoots down into the nerves of the arm, comes periodically, especially bad at night; no swelling or crepitus.

W. T. S., Col.

The case looks like neuritis. I would advise zinc phosphide gr. 1-6, three times a day for a week, and arsenic iodide, beginning with three tablets a day and increasing until symptoms of iodism present themselves. Cover the shoulder with flannel saturated in strongly iodized cod-liver oil, and keep this on continuously, covering with oiled silk and adding a little oil every day.—Ed.

Query 1149. I send you feces from a man 45 years of age, commercial traveler, melancholic, early spent in drug-store, where he was always taking medicine for slight complaints; five years ago, had appendicitis, and now when bowel is thoroughly emptied, a small firm body, devoid of tenderness, may be felt in the region of the appendix; after this had fistula in ano, operated and cured; within three years has uneasy feelings in the ileum, rarely pain; at these times, if protracted, he becomes excessively nervous and despondent, symptoms very mild, no real tenderness; no marked tympanites; nutrition does not suffer perceptibly; may be loose bowels, though difficult to determine, owing to habit of taking medicine without consulting physician; tongue thick, creamy coat. Treatment, tonic and alterative, the main reliance for months past being on antiseptics—usually the W-A—of which he has taken a large number with benefit, though the most successful treatment wears out and requires changing. His case has been diagnosed as "intestinal indigestion," "appendicitis," "cirrhosis of liver" (has always been thoroughly temperate), and "ileo-cecal colic." My diagnosis based on ready response of intestine to mild cathartics, presence of mucus in stools, nervous depression, etc., has been probable intestinal catarrh with resulting indigestion, and perhaps some sacculatation of the colon (thorough washing out, and complete evacuation of bowel naturally, appear to render him most comfortable), the incessant brooding and worry tending somewhat to neurasthenia. What I desire to learn about the feces is, does it reveal the nature of the intestinal disturbance, tubercle, cancer, or what not, and its seat? His color has been almost invariably swarthy-sallow, (one physician thought he had Addison's disease).

M. F. C., Ind.

The examination of the feces shows the absence of tubercle bacilli. I would term his case one of intestinal decomposition and auto-toxemia, and this is proved by the results of your treatment.

Keep the bowels cleared by saline laxative, a granule of podophyllin twice a week, colonic

flushing once a week, and the establishment of the vegetarian regime, as the toxic principles are undoubtedly due in this case to an excess of nitrogenous food above his needs. I believe that your difficulty heretofore has simply lain in the diet. Your therapeutics has been accurately directed.—Ed.

Query 1150. Two years ago I had indigestion, and sugar in my urine for six weeks. I dieted quite severely, took some tonics, and the indigestion ceased and sugar disappeared. A month ago it reappeared without any indigestion or other noticeable cause. About double normal quantity of urine, thirst, dry mouth, appetite and digestion good, no loss of flesh, have had general pruritus for 14 years, of late only on back and nates, and this slight, no eruption, but scratching always followed by mosquito welts. Occasional slight touches of rheumatoid pains in knees and joints of arms, no swelling nor redness, finger joints pain only on extreme flexion; bowels usually regular; am 45.

F. N. W., Ill.

If you have the "Treatment of the Sick," you had better adopt the treatment for diabetes as laid down in that work, in full.—Ed.

Query 1151. In regard to my patient with phthisis: She is improving on vinegar inhalations and euophen-petrolatum atomization, with Nuclein and the arsenates iron, quinine and strychnine.

Can you give me any permanent good for a case of progressive muscular atrophy? Zinc phosphide has done more for her than everything else. Phosphorus disagreed, and iron, quinine and strychnine did no good. I have her (lady 66) now on zinc phosphide gr. 1-6, three times a day, nuclein one tablet four times a day, and Taka-Diastase for digestion. All this will wear out after a time.

O. M. S., Va.

Continue the zinc phosphide, but by all means keep the bowels empty and aseptic. This is of the first importance. The prognosis, however, is not very good.—Ed.

Queries 1152, 1153, 1154. 1. Tell me briefly something of, and treatment for, "Raynaud's Disease."

2. Where can I get a small book on the preparation of antiseptic solutions?

3. Give best remedies for painful menstruation; flow lasts seven to ten days, excessive in quantity, patient almost prostrated during this period, pale and anemic.

New Subscriber, Colo.

1. Improve the general health with such treatment as is needed, and give zinc phosphide to improve the nutrition of the nerve centers, in which the disease is thought to be located. Relieve the paroxysms by dilating the vaso-

motors, by glonoin and pilocarpine, a granule each every five to ten minutes till full effect; and by massage, lukewarm baths and mild galvanism. The pain may be relieved by cuticute and hyoscyamine.

2. Nuttall, of John Hopkins, issued a little book a few years ago that would fill your need as well as any we know.

3. Examine and cure what you find wrong; treat the endometritis with euophen-aristol-petrolatum; give Buckley's Uterine Tonic during the pain.—Ed.

Queries 1155, 1156. 1. Please give treatment for frequent micturition, especially at night, in a woman of seventy-eight years. No other symptoms, urine shows nothing abnormal, no pain. General health good except occasional attacks of indigestion.

2. Woman, teacher, morning diarrhea for five years, tendency toward improvement. No pain in bowels, sometimes tenderness. Patient is delicate, but weighs no less than five years ago. Has attacks of gastric indigestion two or three times a week. Awakens in the night with very faint sensation followed by water-brash. Says these "spells" last from five to fifteen minutes and that she feels very uncomfortable for a long time afterward. Going from a warm room out into the cold air causes coughing with dyspnea lasting from one-half to one hour.

M. R., Chicago.

1. Regulate the digestion, as if there are products of indigestion excreted by the kidneys it is sure to cause irritation. Then give each evening a granule of hyoscyne every five minutes till she either feels the mouth becoming dry or goes to sleep. Having found the dose for her, she may take it at once each evening thereafter. Sometimes these cases do well on very small doses of tincture of cantharides, half or quarter of a drop, three times daily.

2. Morning diarrhea may mean an ulcer just within the sphincter. The irritability may be dependent on nephritis, syphilis, tuberculosis or a tendency to it, the so-called pre-tubercular state, or to habit. There is in this case probably some microbic action at work, and she will be benefited by copper arsenite, gr. 1-1000 every waking hour, or by a prescription often given in these columns for manganese, bismuth salicylate, cerium oxalate and soda. It is well to reduce the congestion of the intestinal mucosa by a small morning dose of saline laxative, or by veratrine, gr. 1-500, every two hours during the day. The diet should be carefully chosen, and Caroid enough to insure digestion given with each meal. Has she anemic amenorrhea? If so, the manganese mixture is

doubly indicated. In one somewhat similar case I succeeded with juglandin, gr. 1-6, every hour while awake.—Ed.

Query 1157. Referring to Query 981, I am glad to make you a very favorable report. Patient can go two hours and over without urinating, and all pain and uneasiness has almost entirely disappeared. He is only taking the hyoscyamine and Urotropin at present, and I hope and believe that a continuance of the treatment for four or five months, will result in a cure.

May I trouble you again?

Woman 29, married 10 years, never pregnant, very painful menstruation, irregular—4 to 6 weeks—suffered ever since menses commenced; pain precedes flow two hours and continues with less severity for several hours after; pain in stomach occasionally, continues every day, then leaving to return again in a few days, worse as menstrual period approaches; appetite variable, bowels regular well nourished, inclined to obesity, complexion clear, except at times appear a great number of very small papules on the face and forehead; tenderness at times in lower abdomen. If there is no cure, what will best palliate the severe pain at menstrual period?

J. R. A., Ind.

I congratulate you on the success of your treatment. As to the woman, she has endometritis, and can be cured readily by the use of euophen-aristol-petrolatum, as recommended in the CLINIC. You will relieve or palliate the case by the use of Buckley's Uterine Tonic, but you might as well cure her trouble if she wants children.—Ed

Query 1158. I have received so many good things from the CLINIC, I would like to give something in return, but think what I write will be of doubtful value.

One granule of capscin in a tumbler of water, a teaspoonful every hour, will stop most cases of earache, due to colds, in from one to three doses.

I have had a good many cases of rheumatism, some very bad (one woman with a knee as large as her head); when all other things fail Blair's Gout and Rheumatic pills cure every time. Can't you find out what is in them? You could make great money with them.

F. A. L., Mass.

Doctor, don't you recollect seeing in the CLINIC a notice of Dr. Oleson's book on Secret Nostrums? If you had had this book, how much you would have saved in cash and gained in reputation by curing these cases yourself? In it the information is given that Blair's Gout and Rheumatic pills are composed of colchicum and hyoscyamus! I may say further that in the large majority of cases the advertised nostrums are composed of the most usually prescribed remedies, given in much

larger than the usual doses. For instance, a physician told me the only thing that relieved his wife's rheumatism was Athlophorus. He had given salicylates without benefit. He was amazed when Oleson's book disclosed the fact that this remedy consisted of salicylic acid, but in four times the dose usually given.—Ed.

Query 1159. I have been taking your treatment for chronic myelitis for two months: strychnine arsenate, avenin, zinc phosphide one week and Mercauro next. I am improving slowly, cannot apply hot cloths and use hot salt water and massage regular, as the weather is too cold. Bowels in good shape, appetite good, rest well at night, cystitis better, can hold water at night without using catheter.

G. W. S., Ga.

On the whole your report is so satisfactory that I would advise a continuance, with this change: Take the strychnine arsenate for two to four weeks continuously, and then the Mercauro for the same time, increasing the dose of the latter one or two drops every day, to full tolerance, and see which gives the best results.

I am inclined to favor the alternation, but if either gives distinctly better results than the other, we will continue it. You had better increase the strychnine arsenate also and avenin, but not the zinc phosphide, of which you are taking enough.—Ed.

Query 1160. Girl, age 8 months, is troubled with flatulence, with irregularity of the bowels; for a few days all right, and then slimy and contain undigested milk. She is on the breast and eats also. When she awakes her pillow is sopping wet. She will cry out at night, seemingly with pain. Stool is not very offensive.

Also, patient with intestinal indigestion, stools very grumous and thin diarrhea.

A. N. T., Mich.

Your child is going to have rickets one of these days if you don't look out. Give her Caroid or Peptenzyme for the digestion; keep the bowels aseptic with calcium sulphocarbolate; give calcium lactophosphate, 5 granules a day; and see that the hygiene of your home and premises is perfect. Plenty of fresh air, Doctor. Nourish the mother well; give her Sanguiferin, a tablespoonful three or four times a day and plenty of good food so that her milk will be richer.

As to your patient with intestinal indigestion: Give him Saline Laxative and W-A Intestinal Antiseptics, eliminating his use of meat pretty closely, and I think you will find he will get along all right.—Ed.

Query 1161. Find enclosed \$2.00 for examination of urine. Am 27, discovered albumen in 1894, seems to increase and worries me not a little; general health good, action of kidneys normal, three pints yesterday; some dyspepsia and constipation, circulation sluggish, pulse 60; not robust; diet principally vegetables and milk.

P. S., Ind.

The urine contained 0.9 per cent of albumen and few casts.

Your case looks like desquamative nephritis, and as such should be cured without much trouble by the exclusive milk diet, as laid down in the "Treatment of the Sick." Wear flannels and protect yourself from cold as much as possible, and live on milk alone. Your present climate is probably as good as any other. It is only in rarely exceptional cases that desquamative nephritis does not get well, under the treatment advised in the book above referred to.—Ed.

Query 1162. A lady, 42, has excessive hemorrhages at each monthly period, severe flow second or third day, lasting 36 hours; moderate flow for one or two days, then thirty-six hours excessive flow; out of bed the seventh day. Is well and works hard all through month between periods, which recur every twenty-five days. Has been curetted several times. Six months ago had boiling water injected, various other liquids injected, tamponed with cotton, but no benefit from anything. Can you help us and score another victory with the many I have already gained with the center-shot alkaloids?

I. V. G., Colo.

Put the lady to bed as soon as the flow begins, and keep her under the physiologic influence of atropine during the whole time, giving enough to keep her mouth slightly dry. Keep her bowels regular with Saline Laxative in the meanwhile, and forbid hot drinks, stimulants, sauces and all such things as would increase the flow.

The hemorrhage is now continuing from habit, and if you prevent it for a few months it will cease. In the intervals give her berberine, gr. 1-6, three times a day, to condense the tissues of the womb and produce a healthier state of affairs.—Ed.

Query 1163. My sister, 32, married, delicate, neurotic temperament, suffered five years with neurasthenia, health improved after marriage, became pregnant, and except nausea for a few weeks ago got along nicely until sixth month of gestation, when she was seized with very severe pruritus, paroxysms lasting thirty minutes, worse about palms and soles, skin dry and hot. This lasted two weeks, when she miscarried, when the itching ceased for two

weeks but is now returning with its former vigor. I order magnesium sulphate, jaborandi to keep skin moist, spts. eth. nit., with pot. acetate for kidneys and passiflora for nervousness. My treatment is helping her but paroxysms still recur once or twice daily.

L. E., Ind.

In the main you are on the right track, and had proper elimination been kept up during your sister's pregnancy, she would have carried through all right and remained well.

Every pregnant woman has a great deal of waste to dispose of, and when suffering as she has suffered, has a great deal more. Elimination should have been kept up by the kidneys and bowels, and one of the very best things with which to accomplish this is what I have mentioned so often, Abbott's Saline Laxative, a teaspoonful, more or less, in a glass of water before each meal. To this treatment might well be added proper doses of strychnine and apocynin to keep the urinary flow fresh and full. Your use of jaborandi for temporary relief of the skin irritation was excellent, but it only gives temporary relief. Put the patient on a vegetable diet and in addition to what you are doing, modified if you please by some of the suggestions above, see to it and insist upon it that she drinks half a gallon of pure water every twenty-four hours. If she will do this and keep it up some weeks, she will come out all right, and then when pregnancy occurs again, which I sincerely trust it soon will, the same line of suggestion, modified to meet conditions, will carry her through all right.

Locally, you might try one of the following: Glycozone; tincture of benzoin; salicylic acid and starch paste, one part to three; Goulard's extract, one part to seven of water, applied constantly for a week.—Ed.

Query 1164. Enclosed find \$2.00 for analysis of urine sent to-day. A girl, 17, almost chlorotic, menstruated only once till 16, now regular, constipated, considerable abdominal pain, fair eater, goes to school, easily tired. At present she voids one pint of urine in 24 hours, no headache, has dysmenorrhea.

A. H. E., Pa.

This is a case of chlorosis, which requires sunlight and lots of fresh air, with light, pleasant exercise and happy enjoyment of life. Coffee and tea should not be allowed. In their place direct Postum Cereal, simple nutritious food and a tablespoonful of Sanguiferin before and after each meal, with sufficient Anti-constipation granules to correct the constipation.

Insist upon two glasses of water during the

forenoon, two in the afternoon, one at bedtime and one the first thing every morning. The morning glass and the glass taken at night may well be sprinkled with a little Saline Laxative. Carrying out these suggestions faithfully, your patient will come out all right.—Ed

Query 1165. My wife, 46, in summer taken with indigestion, hard feeling in stomach, constipation and looseness not excessive either way, in ten weeks lost 27 pounds. Got better, then slight headache, which continues as if had taken severe cold; involves nearly the whole head, mostly in back, also in top and over both eyes, sensation of drawing backwards occasionally. In getting up two weeks ago she fell, not losing consciousness. Last Wednesday went to a party, and Thursday, 4 a. m., on attempting to rise, couldn't lift head; no paralysis, vomited bitter greenish fluid with free thin discharge from bowels. During entire time complains of stomach, as though something was growing, small at beginning but now as large as the hand. I have never been able to detect hardness or growth of any kind. She is losing flesh again, menses irregular during two years, uterus enlarged, heart-action good, no fever, feels cold in forenoon, weakened and languid, tongue slightly furred white, bad taste in morning, no nausea to amount to much. Afraid she is going insane.

W. D. R., Ill.

The headache is toxicemic. Empty her bowels thoroughly by colonic flushing, repeated every day for a week, with laxatives at the same time. Let her diet be very carefully regulated, highly nourishing, easily digested. Give her quassin, one granule every hour while awake, dissolved in water. If the stomach is irritable, use the following prescription: Manganese black oxide, bismuth salicylate, sodium bicarbonate, each twenty grains; cerium oxalate, seven grains; water six ounces. A tablespoonful every five to ten minutes when sick at the stomach. Shake the bottle well before each dose is taken.

Encourage the menstrual flow a little by giving an emmenagogue a day or two before each period. The trouble is connected with her bowels, in fact, women are so universally constipated that the safest plan is to conclude that there is an impaction in the transverse colon, until it is proved otherwise. I would suggest cicutine granules for her nervousness.—Ed.

Query 1166. A lady had periodical nausea, not attributable to catamenia nor to headache, never an effort to vomit, only nausea, anorexia and "distress" below the cardiac end of stomach. It generally lasted two days. She was dosed with calomel, podophyllin, saline cathartics, drugs to aid digestion, and relieve nausea, flushings and washings of bowels and stomach.

Finally, after an attack in which she took no medicine nor nourishment for three days except Malted Milk, appetite returned and she had a desire for all kinds of food, but could eat nothing without going at once to stool. She invariably left table before she finished the meal. Much food passed undigested and after two days her feces were covered with blood; no passage of blood. I gave her W-A Intestinal Antiseptic tablets, one or two every two hours. In two days she complained of much pain in bowels, low down, central, and "bearing down in rectum." I advised assuming knee-chest position and flushing bowels with warm water, a teaspoonful of salt to the quart. When the water passed away it was covered with little white worms, all dead. A short time afterwards there was a copious passage; and with it a large ball of the live squirming things. This lady has never passed or thought she had worms before. They were larger than the ordinary seat-worms, three or four times as long.

Do you think the antiseptic tablets drove them out of the bowels? Where from? Do you think them the cause of nausea, distress and pain?

J. M. J., Fla.

The trouble was undoubtedly due to the worms, which I infer to be a recent hatching of lumbricoids. Put the lady upon the intestinal antiseptics, four or five a day; also cowhage down, the only remedy known which will absolutely rid the intestinal canal of worms.—Ed.

Query 1167. Husband, 26, addicted to alcohol. Present trouble began two years ago, gradually getting worse; general debility, anemia, passes large quantities of urine and has frequent desire to urinate, urine contains sugar. Burning pain in legs and feet, especially at night, which disturbs sleep, and other characteristic symptoms of diabetes.

H. B. D., Ohio.

Put him on Arsenauro, beginning with ten drops four times a day and rising to the limit of tolerance, about sixty drops a dose. Regulate the diet also. Let us know the result.—Ed.

Query 1168. Middle-age man in active life, eats and sleeps well and works all of the time, has had heart-waverings, beginning with a lug or two, and a gradual thinning down of the pulse until it is scarcely perceptible, coming up finally, without leaving any bad impress, except a feeling of constriction in left chest and a constant desire to stretch, which if indulged in disturbs the circulation. Have used cactus without the slightest improvement. strychnine arsenate with good effect for a while, kept the bowels well cleared and used the W-A Intestinal Antiseptic with marked improvement in weight and general appearance; but the heart-symptoms continue as of-

ten as every five or eight days, sometimes for an hour and often at intervals for a day or two. Can you give me any light?

F. H., Mo.

The symptoms indicate a disturbance of the heart, probably from gastro-intestinal causes. Clear the bowels and render them aseptic. Regulate the digestion and you will relieve the symptoms. Nevertheless, if the heart were perfectly sound it would not be thus irritated, and you will find some disease or weakness there. If examination fails to disclose this I would give him on general principles strontium iodide, 30 to 40 grains a day; also such tonics as the heart may need, digitalin for a week, followed by sparteine thereafter, in doses enough to accomplish the desired effect.—Ed.

Query 1169. A man, has gastro-intestinal indigestion, inordinate appetite, but can't digest what is eaten, flatulence before and after eating, wandering pains in stomach and heart; sometimes fierce pain at or near the heart, after eating; emaciated, losing flesh until put on Sanguiferin which has temporarily stopped the waste.

He has fetid breath, peculiar bad taste in the mouth, constipation, stools hard and black, weight pressing against the lungs by deep breath.

F. C. H., Pa.

My first thought is that you have stoppage of the thoracic duct. If this were so there would be a subnormal temperature; but on re-reading your letter I am inclined to think it a case of intestinal catarrh with constipation. Empty the bowels by full and repeated catharsis and colonic flushing. Keep them regular with Waugh's Laxative granules, and subdue the catarrh by the use of copper carbonate, gr. 1000; berberine, gr. 1-67; each seven times a day. Let this man take Caroid in full doses and make him chew his food thoroughly, adopting Gladstone's advice to give each mouthful thirty-two bites before swallowing it. A little food well digested is worth far more than a whole bellyful bolted.—Ed.

Query 1170. A girl, 18, sharp pains below nipple lasting one to three minutes, during which she sits quiet, very pale, and without deep breathing. Pain would come on at any time; stooping to tie shoe, walking fast or during sleep (not often) four to eight times daily.

The only time she has been free from much pain, heart-beat 98, no cough, good appetite, was while three weeks in bed with bronchial trouble. Pulse usually 140.

Expansion very fair, both lungs, dullness over right apex. Bronchial breathing over whole right lung. Heart-beat heard very loudly over right lung and heart almost a

continuous hammering, so that it is hard to get sounds distinct.

R. J. S., N. Y.

The symptoms point to disease of the heart as the primary trouble, the great liability to colds being due to passing congestion of the lungs which the heart fails to empty. This would indicate valvular disease ordinarily, but the great frequency of the heart without valvular murmurs points to atrophy or congenital feebleness. I would suggest the careful use of cactus, with rather a close limitation of her use of liquids; rich, easily digested diet. Rub five drops of guaiacol, mixed in oil, over the right apex. Teach her lung gymnastics, and add to this arsenic iodide to increase the nutrition of the heart and promote resolution in the lung.

It does not seem to me that the nervous element in it is in excess of what is warranted by the physical condition.—Ed.

Query 1171. In the winter of 1879 was called 40 miles away on a very cold day and over such rough roads that I had to make the trip horseback, came home having to urinate every few miles, passing less and less urine at each effort, and suffering considerable pain. On arriving home I attempted to urinate but found I could not, sent for a physician to catheterize me, he failed, but succeeded in making a false passage and producing great hemorrhage.

My brother succeeded in relieving me. He found the prostate two inches in diameter, highly inflamed and sensitive. I was confined to bed and room for three months. Have been troubled ever since, and at present am much annoyed with the irritation and some muco-purulent discharge after urinating, which is stained with blood. There is no dribbling, but occasional oozing of the discharge, very slight, no pain in back or prostate, a little uneasiness following cold. I have had to use the catheter ever since. I never had any specific disease, good appetite, good digestion and splendid assimilation; cough for two winters succeeding my fourth attack of grippe; urine normal, bowels regular, take a morning and evening dose of Waugh's Anticonstipation granules, one in a month or so.

The Clinic for 1900 is worthy of all praise. Prof. Shaller's article on Aconitine for children agrees with my six years' experience with the granules for babies and old people too for that matter.

J. M B., Ky.

I am somewhat undecided in your case, because you may possibly have a stone in your bladder. As far as the prostate is concerned, take seven grains a day of benzoic acid. Some patients do remarkably well on Searle & Hereth's Tritica for this condition. Locally,

use the euophen-aristol-petrolatum, injecting about twenty drops into the prostatic urethra once a day. Introduce the syringe as far as the straight nozzle will carry it, and then inject the mixture, being careful not to inject air.

If you are relieved of the obstruction and the discharge lessens, use copaiba, five minims twice a day, with one drop of tincture of cantharides and strychnine arsenate gr. 1-134, every hour or two while awake, to restore tonicity to the bladder. Do not use these until the irritation has been cured and the discharge stopped.—Ed

Query 1172. A man, 68, is troubled with insomnia, debility, organic disease. He has run through the list of hypnotics such as sulphonal, chloral, bromides and compounds and hyoscine. Please name something suitable for his case, not detrimental to the secretions of bowels or kidneys.

Also send best remedy to renew lost virility so far as possible, in old gentleman 65.

Also send best remedy for enlarged prostate of old man.

F. W. H., Kas.

Your case of insomnia needs stimulation, not sedation. Give him three Dosimetric trinity granules with a glass of hot water at bedtime. They will fill the bill.

For the old gentleman of 65, tell him to brace up and lead a better life. If you think, however, the case is one that would justify the use of such remedies, give him zinc phosphide gr. 1-6, strychnine arsenate gr. 1-30; each four times a day for a week, then stop the phosphide. If you can obtain testicular extract give also three grains at bedtime.

Euophen-aristol-petrolatum is the very best remedy known for enlarged prostate. Inject ten drops into urethra once a day. Warm the solution before using it, and be careful not to inject air.—Ed.

Query 1173. A man, heart on rising runs 140 to 160, almost normal while sitting or lying down; no organic trouble. Patient is married, does not use whisky, tobacco or coffee, bookkeeper, digestion very good.

J. B. H., Tex.

This man's heart is too weak for the work it has to do. You had better strengthen his heart by the use of cardiac tonic, and arsenic as a heart food, giving small doses and continuing a long time. Let his food be rich in nutritive value, easily digested but small in bulk, giving as little fluid as possible to reduce the bulk of the blood and consequently the work of the heart. Caution him also to be

very moderate in marital indulgence, as this weakens the heart more than anything else.—Ed.

Query 1174. Malarial toxemia since September, 1899. Quinine in the old way is useless and I want to give alkaloidal medication a fair trial, as I like the theory of it and have confidence in its practicability.

Is there anything better than Nuclein and the tonic arsenates?

W. G. T., Texas

I would approve highly of the agents named, but would add to that the injunction to drink no water that has not been boiled, and to take berberine gr. 1-6, three or four times a day, to contract the spleen and force the plasmodia out of it into the current, where they will be jugulated by the arsenates. Keep the bowels regular also, and if the stools are offensive, use intestinal antiseptics; these things aid materially.—Ed.

Query 1175. What do you consider the best routine treatment for gonorrhea? I am in a lumbering section, and get about two cases a week. The rule is, after they have been aware of their condition from four to five days to a week, to call on the doctor.

Dr. Shaller's article on Aconitine is infallible, while being very interesting reading to me, yet I have been an alkaloidist long enough so that I know every word to be true.

I would not feel any more competent to practise medicine without the CLINIC and granules than a cat to teach astronomy.

G. L. S., Mich.

Put the patient in bed, if possible. Give him seven grains calcium sulphide daily, with half an ounce to an ounce of sodium bicarbonate, abundance of water to drink, low diet. Wash out the urethra after each urination with hot solution of potassium permanganate, as strong as can be borne. Twice a day inject a solution of Protargol, about five per cent. Subdue any irritation or tendency to chordee by gelsemin and veratrine, a granule each as often as necessary.—Ed.

Query 1176. What treatment would you recommend for smallpox?

E. N. S., Kans.

Use the Defervescent or trinity granules, as needed for the fever. Keep the bowels and kidneys active by saline laxative, and saturate the patient with calcium sulphide as quickly as possible. Reports in this CLINIC show that the sulphide has aborted undoubted cases of smallpox, and it should receive the most extensive trial.—Ed.

Query 1177. Is there any preparation composed of tincture of iodine, carbolic acid and silver nitrate? Several years ago I was called to do something for a set-fast in a horse's back, which had proud flesh in it. I mixed equal parts of the above ingredients, and as I poured in the carbolic acid it caused combustion, which threw most all of the mixture out of the graduate. I applied it to the sore and it cured it. I believe it would be a useful remedy for lupus, eczema, etc. if the chemicals could be saved after combustion.

W. W. P., Tex.

I know of no preparation of the sort you mention, and would suggest that you try it again, adding your ingredients drop by drop, in a large receptacle, so as to avoid the loss.—Ed.

Query 1178. Where can I get information concerning the examination for Assistant Surgeon in the Navy or Army?

R. D., S. D.

Write to the Secretary of the Navy for a statement of the requirements. Should you decide to apply for the position you had better take a special course of instruction, as no ordinary graduate in medicine can pass this examination without it. It will cost you about \$300, and you will be well repaid. Dr. Walter Bensel, 282 Amsterdam Av., N. Y. City, and Dr. Dawbarn, with whom he is connected, have had thorough experience in this line.—Ed.

Query 1179. What is the best method to prevent carrying diphtheria?

J. M. T., Ia.

To prevent carrying diphtheria, do not handle the sick child more than is required. On leaving the room wash your hands in anti septic solutions. When you go home see that the hygiene of your house and premises is perfect. Let your own children or those of families you attend take every day a teaspoonful of salt water four times a day. Diphtheria is not by any means as likely to be carried as scarlet fever and these precautions are usually sufficient.—Ed.

Query 1180. Man, 30, single, has vertigo at times, usually accompanied by dull headache; chronic indigestion for years, but well of that now; complains of constant priapism as soon as he gets warmed up in bed. Goes to sleep that way and wakes up in same condition, has slight oozing of mucus from urethra upon the least sexual excitement, no spermatorrhea, emissions once in two or three weeks; urine at times heavily loaded with phosphates, making the latter part of the urine passed of a

milky appearance. Has never had any venereal disease. Has practised masturbation, but for past few years habits have been good. No tobacco, liquor or narcotics used.

C. C., Kans.

I would suggest the use of *Salix Nigra*, especially the Aments, recently described in the CLINIC. Keep the man's bowels well open, let him avoid tea, coffee, alcohol, tobacco and rich suppers, taking plenty of exercise, and using cold baths twice a day. He should also drink abundance of water to dilute the urine, and I think a granule or two of colchicine every day would not be amiss. I believe that the difficulty lies with the urine, which is too irritant. You might pass a sound and see if there is any unusual irritability of the urethra; if so, use euophen-aristol-petrolatum.—Ed.

Query 1181. Do you give Saline Laxative to tubercular patients every morning if bowels move and are free from fermentation? Or if they move every morning, but bowels are disturbed with accumulating gas? Do you give iodoform when you are giving calcium sulphocarbolate? Give symptoms of saturation of system with creosote.

J. R. W., Ind.

I would give a small dose every morning of the Saline Laxative to tubercular patients, whenever the bowels show signs of fermentation or gas, but not if perfectly sound; but I would give calcium sulphocarbolate in any event, giving iodoform at the same time. When the system is saturated with creosote the breath smells of it, the skin smells of it, and looks in color like a well-cured ham.—Ed.

Query 1182. What is your experience with *avena sativa*?

A. B. B., Fla.

I have given *avena sativa* in many cases of paralysis, and the patients invariably report benefit from its use; taking it willingly for a year. It has constantly disappointed me in the morphine habit.—Ed.

Query 1183. Boy, 4, fell and dislocated radius. I reduced the dislocation and banded in usual manner. It has slipped out and been redressed three times. Can anything be done and where shall I send him?

J. M. T., Miss.

I hardly know what to advise you, unless it be to send your patient here for treatment. I would suggest that you use massage to restore motion, and endeavor to confine the bone to its place by an elastic bandage. Dislocation of the radius is exceedingly difficult to

retain in position, especially if it slips out for the second time.—Ed.

Query 1184. Baby, three months, has scrotal hernia. Please recommend me a suitable truss.

A. W. R., Kans.

I know of no truss which would be suitable for a baby three months old, but would suggest that you make a pad of beeswax in the manner described in the February CLINIC, and fasten it with adhesive strips. If you were to use any spring truss, or any truss which give continuous pressure, for so young a child, you would cause deformity of the pelvis.—Ed.

Query 1185. Wife, 25, three children, before the birth of second she developed nurse's sore mouth, but it did not yield to treatment. Her third child is two years old. The patches become red and burning. After a day or so they suppurate and leave a yellow ulcer, which lasts from three to five days. Has tonsillitis and is constipated. Please give diagnosis, cause and treatment

W. G. P., Tex.

For the nurse's sore-mouth you must begin by opening her bowels, keeping them clear and clean. Probably the infection comes from the tonsils, while should be taken out. As a mouth-wash you might dissolve five W-A Intestinal Antiseptic tablets in a glass of water, and let her rinse the mouth out with this very often, once every half hour through the day. You will have to remove the tonsils before you make a cure of that case.—Ed.

Query 1186. Maiden, 22, fever thirty hours, accompanied by occipital and frontal headache, slight nausea and slight pain in back, followed by eruption appearing first on face and spreading downward. Eruption was first papular, vesiculating in six hours and becoming pustules in three days. Eruption required eight days to fully appear, new papules appearing among fully developed pustulated eruption. No secondary fever, no umbilication. Desquamation set in on 12th day of disease, crusts drying and falling off, leaving reddened area, but no pit. There is a history of four vaccinations but no scars are to be found. Pronounced variola by expert, but do not think history of case sustains the diagnosis. It was our opinion that the case was the conoidal form of varicella. There was an uneventful recovery.

R. B. R., Ia.

Your case is assuredly not a typical smallpox but more closely resembles varicella. However, the epidemic at present prevailing is by no means typical in any part of the country,

and I would suggest the test of inoculation to verify the diagnosis.—Ed.

Query 1187. I wish to try sodium succinate on a case of gall-stone of twenty-four years' standing. Man, 54, a year ago was sick for three weeks, passing gall-stones. During that time every hair on his body turned white; skin from a very dark color turned copper color. Two weeks ago was taken sick. I want to cure him.

F. E. R., Conn.

If you have Waugh's "Treatment of the Sick" you will find practically all that is known on the treatment of gall-stone in it. It is too long to transcribe into a letter. Under the use of sodium succinate the paroxysms become less severe and less frequent until they cease. It should be given for a year. The paroxysms are best treated by glonoin, hyoscyamine and strychnine arsenate, a granule each every ten minutes until relieved. Keep the bowels flushed out with sodium phosphate. The itching may be relieved by pilocarpine given to produce physiologic effect.—Ed.

Query 1188. First case, running sore fourteen years on lower part of shin or tibia, caused by a bruise. Second case, scrofula under ear, glands considerably enlarged, extending down over carotid artery about three inches, of a purplish blue. Does not discharge, is painful and sore to the touch, 25 years' standing. Third case, boy, back of ear raw by spells, then forms dry scale resembling milk-crust. Small patches come out on the body and fingers, red, and spread under the skin, but do not often break out, are quite sore. The boy is plump and hearty, appetite good. The father had gonorrhea before marriage.

F. G. B., Ohio.

In your first case, give the patient the arsenates of iron, quinine and strychnine, with nuclein and berberine, one granule each of the weaker granules every hour while awake. Treat the sore with Johnson's Odorless Iodoform, thirty grains in an ounce of lanoline. If this does not produce a marked effect in one week apply Bovinine on a little lint to the sore, changing twice a day. I have known it to cure ulcers of thirty years' standing.

In the second case give iron and arsenic iodides, the iron iodide three granules, and arsenic iodide one granule, four times a day. Examine the tonsils and see if there is any disease which keeps up the trouble. Continue the treatment in both these cases for months without a change.

In the third case give arsenic sulphide, three granules a day, and apply to the sores some

good antiseptic ointment; that of the red oxide of mercury to the old sores, Camphoral to the more recent ones. For the moist surfaces apply a good antiseptic powder such as Tyree's. The great difficulty in these cases is that the treatment is not persisted in long enough.—Ed.

Query 1189. Woman, dysmenorrhea seven years, uterus retroverted, retroflexion also, completely bound down with adhesions resulting from inflammation, cannot be moved without pain. It is enlarged and tender, with leucorrhea. The pain at each menstrual period is very severe and very hard to relieve.

A. I. B., Ont.

Use absolutely pure glycerin on wool tampons, changed twice a day, continued until the womb is movable. They are of many times more value than hot water in causing absorption of adhesions. Give Buckley's Uterine Tonic, one granule, one of glonoin, and one of gelsemin, together every half hour, until pain is relieved or the mouth dries. You will get better results than by using larger doses at long intervals.—Ed.

Query 1190. Man, 62, spare habit, eats well, bowels regular, sleeps well, in good shape for a man of his age, no bad habits, smokes three cigars daily. Six years ago commenced burning sensation between the umbilicus and pubes, every morning about 10 a. m. growing in intensity till night and leaving entirely during the night. Loosening the clothes relieves, and also pressure of the abdomen against some hard substance, or hard pressure with the hand. Lying on the back, loosening the clothes, also relieves, but the burning sensation is constantly there, and seems to be growing worse with years, so that now in the latter part of the day it almost amounts to a pain. Does not seem to be in the bowels at all, but only in the fleshy part of the abdomen. No tenderness to touch, no swelling in any way.

Michigan.

Your case is a difficult one to prescribe for without examination, but my opinion is that that man has trouble with his bladder, possibly stone. You say nothing about the urine and yet there lies the source of the trouble. Better investigate his bladder, pass a catheter and see if he has retention, and sound for stone, and when this is done I will be better able to suggest a remedy.—Ed.

Query 1191. A lady, 49, temp. 101.5, pulse 84 but extremely feeble, difficult to distinguish pulse at wrist, belching continually, so much so she scarcely gets any rest at night, often awake till 4 a. m.; no pain in stomach or bow-

els, constipated, tongue quite heavily coated at base, hepatic dullness considerably increased, but no tenderness over liver, no tympanites; menstruates very irregularly, sometimes every ten days for a few times, then not for six or eight weeks. She is a very hard-working woman, a widow, lives on a farm and hires help, overseeing the work herself.

Treatment: Waugh's Anticonstipation granules, sufficient; strychnine arsenate, gr. 1-30, every four hours; Heart-tonic, No. 248, one every hour until feeling of depression is relieved, every four hours afterwards; W-A Intestinal Antiseptic tablets, 10 each day. Belching is the symptom which most distresses her. How is the treatment?

H. S. T., III.

Regulate the woman's bowels with anticonstipation granules, which will probably relieve the belching; if not, give a tablet of menthol every half-hour; give her Caroid for indigestion, and strengthen her heart by digitalin at first, followed by sparteine in pretty good doses.—Ed.

Query 1192. Lady, 60; a fall when eniente 30 years ago led to premature birth; abscess in region of liver emptied through bowels for years, would collect and discharge many times in twelve months. The interval has grown longer until now it may be months. Much pain and suffering has attended it, and she has become a habitue to the use of morphine. She uses from four to five grains a day. If you have any light on the subject please let it shine this way.

R. J. M. Kans.

First, cure the suppuration by giving her seven grains of calcium sulphide a day, with full doses of the tonic arsenates, iron, quinine and strychnine, keeping this up for one month, or longer if necessary. Then you had better treat her on the lines laid down by Dr. Waugh in his pamphlet on the Morphine Habit, which we send upon receipt of 10c. Dr. Waugh's charge for undertaking such cases is \$500; the patient being placed in a private house, with a physician, for six weeks. By the time you get through with a case you will understand why he charges this much.—Ed.

Query 1193. Twin boys, 3, tonsillitis for six weeks, some days better and then worse; tonsils enlarged, cervical glands size of hen's egg, very tender, cannot move head without pain, tongue coated, appetite gone; can take medicine or water, pills or tablets; fever at night sometimes. One boy is getting very thin. The only cause for relapse is lung fever in family, keeping room at times too warm. Sanitary conditions are fair, or as good as we can make them, no hereditary taint whatever. My little fellows have a skin affection, a pimple or

blister, which spreads to size of silver ten-cent piece, after which a scab forms; light yellow fluid comes from the blister when opened, and poisons wherever it touches.

E. D. S., Ind.

There is a septic condition of the tonsils which is causing irritation of the glands. You had better stick a knife into them, and at any rate use something like the following: potassium chlorate powder one dram, strong hydrochloric acid 1, 1-2 drams, tincture of chloride of iron 2 drams, water to make four ounces. Apply to the tonsils on a swab every two hours. Also apply ice to the neck over the swollen glands. The affection of the tonsils may be diphtheritic or tuberculous. Internally I would advise the use of nuclein, calcium sulphide and the tonic arsenates in full doses. The skin disease is contagious impetigo. Apply Unguentine to it, first washing the skin with an antiseptic solution.—Ed.

Query 1194. Baby, four months old, with facial eczema. Kindly give treatment.

G. W. D., W. Va.

Give the baby arsenic sulphide according to Shaller's rule, and apply to the skin Resinol ointment. Keep the bowels free, and if there is any odor to the stools give Intestinal Antiseptics. Do not touch water to the eczematous surface until it is entirely well.—Ed.

Query 1195. A healthy, strong, robust girl of 18, farmer's daughter, has had convulsions for five months. In October she had two in the same night; menstrual flow started at same time; November one convulsion, flow came on at same time; December, flow came on in three weeks, one convulsion but not until fourth week. January, flow came on again in three weeks, two fits four weeks after the last, also at night. During convulsions she is unconscious, bites tongue, although there is no distinct aura. No dysmenorrhea or other signs of uterine trouble. The flow has been very much diminished in quantity for five months. Family history good.

W. H. P., Ont.

Hystero-epilepsy. Make an examination of the uterus through the rectum, and see if there is any displacement or other disorder, when of course the treatment would be evident. Put her on the vegetarian regime, and see if there is not a lessening or disappearance of the uric acid previous to seizure.

You can instruct her or her parents to make an examination for uric acid every day, and in this way forestall the seizures, by giving her colchicine, a granule every hour until it purges

her freely, whenever the acid sinks below the normal point.

This will be better than the use of bromides, which only smother the convulsions and do no permanent good. It might be well to give an active emmenagogue, such as the A. A. Co.'s tablet, two days before the expected change.—Ed.

Query 1196. I have a patient troubled with rumbling in the intestines, lady, 22, generally healthy except constipation. The rumbling is not quite so bad when she takes cathartics regular. The noise is usually on left side of abdomen and so loud can be heard from one room into another.

J. L. T., Ohio.

Regulate the bowels with Waugh's Anticonstipation granules; adding one granule of berberine, 1-6 grain, and two to four tablets of menthol, three times a day until the gas formation stops. Tell her to chew her food thoroughly and forbid all drinks while eating. Thorough mastication of the food does much to prevent this trouble.—Ed.

Query 1197. Man, 28, ten years ago had gonorrhea, left stricture, catheter can not be passed, great difficulty in passing urine, burning; ten days ago commenced passing glairy mucus, streaked with blood.

J. J. H., Ohio.

In a case recently treated by me I injected a few drops of europen-aristol-petrolatum into the urethra as far back as I could pass the straight hard-rubber uterine syringe, every day for several weeks, at the end of which the stricture had disappeared. I would advise this treatment in the case you have described, continuing until you can pass into the bladder as large a bougie as the meatus will admit.—Ed.

Query 1198. My wife is now 19, has studied hard, taking little exercise up to last June, when she graduated; painful menstruation since fourteen, worse in last year; so bad July and August that had to give morphine during almost entire period; menstruates every three weeks.

Last September I replaced uterus, which was retroflexed and retroverted, and packed with cotton tampons of glycerin and ichthyol; continued this three weeks, then fitted pessary and the next two menstruations there was no pain.

Before next period the pessary came out and was not replaced, and she became pregnant. Now she aches continually, over sacrum, dull, dragging, only relief while immersed in hot bath.

She has constipation, breath very bad, otherwise perfectly healthy.

F. L., Mass.

The uterus requires some support, but if she is pregnant you must be very careful about it. I would not use anything at present excepting a ball of wool, on which you might use a little Aletris Cordial to soothe the irritation.

Keep the bowels regular with Saline Laxative and an occasional colonic flushing. That is all I would like to do at present, although Buckley's Uterine Tonic might be of valuable assistance when the womb is properly supported.

After the pregnancy has terminated if the trouble continues, I would be glad to advise you further.—Ed.

Query 1199. A woman, 60, taken with frequent desire to urinate, severe pains, increased on attempting to pass water, soreness over bladder, to right of kidney; bowels regular, light fever at times; vomiting, tongue little coated. Diagnosis: Urinary calculi.

W. T. S., Texas.

If your diagnosis of calculus is correct, you will have to remove by dilating the urethra. If not, you had better wash out the bladder with warm water containing a few drops of nitric acid, then flood in europen-aristol-petrolatum. Meanwhile, you might try Cystogen, which is advertised in the CLINIC, and which has been very highly recommended to me. The irritability will be lessened by the treatment laid down in the "Brief Therapeutics," but you cannot expect it to remove the calculus.—Ed.

Query 1200. Girl, 15, fat, well, red-cheeked, sore place in inner upper aspect of thigh, six inches long, four inches wide, no redness or swelling, never was, had it two years, in muscle, is lame, very sore to the touch.

H. A., Ohio.

The region affected is often anesthetic in neuralgic cases. I would be inclined to look on it as neuritis. However, examine it with the negative pole of a faradic battery, current strong enough to contract the muscles and see if it is muscular or neuritic.

In either case mild positive faradism should be of benefit, and as in anesthesia of this tract I have found avenin of value, it might be in this case also. Possibly inunction with a mild mercurial ointment would be of advantage.—Ed.

AMONG The BOOKS

The Southern California Practitioner has reduced its subscription price to \$1.00 per annum.

The World Almanac for 1900 is indeed a cyclopedia, containing an enormous mass of information condensed in surprisingly small space.

Four Texas medical journals have been consolidated in *The Texas Medical News*, published at Austin.

Keep up the good work. Take in every other journal in your state, and give us one really good magazine uniting all the editorial talent of the bunch.

We have been repeatedly asked to recommend a manual on urinalysis. Fred'k Stearns & Co., of Detroit, have issued the second revised and enlarged edition of Yarbrough's *Hints in Practical Urinalysis*. In its 74-12 mo. pages it contains a remarkably full and lucid description of the urine, its composition, tests, abnormalities and the etiology and symptoms of the most common genito-urinary diseases. The book is sent to physicians free by the publishers.

The Southern Railway has issued a handsome volume, prepared by Frank Presbrey, entitled *The Empire of the South*, an Exposition of the Present Resources and Development of the South. It is profusely illustrated, beautifully gotten up, and exceedingly interesting to read. Especially to one who recollects the old South and has watched her marvellous development since the curse of slavery was lifted from her fair fields and a premium placed on healthy, intelligent, energetic, aspiring manhood. All honor to the South! She may be

less romantic, but this is an age when romance takes a back seat, and Work is enthroned. And in this also Americans have reason to be proud of the South.

Dr. Somers, Professor of Physical Diagnosis at the Illinois Medical College, has printed for the use of his class a volume of *Lecture Notes in Physical Diagnosis and Life Insurance*. The book contains 272 pages, every alternate page being left blank, for note-taking. Half a page of definitions, a few words on the normal, and he plunges at once into his subject, taking up the history, library card recording, present condition, expression, pulse, respiration, temperature, the various functions and their abnormalities, physical examination, and ending with a very clear and concise scheme for life insurance examination. We have had many inquiries for a work on diagnosis that worked analytically, so that beginning with a prominent symptom one could identify the disease as the botanist does a flower by the aid of his key. The work before us would serve at least as an introduction, and make the work of consulting larger books easier. To the beginner it fulfills the important function of starting him in the right method. Dr. Somers has not published the book for general use, and we cannot give the price; but if our readers wish it they can write to the author.

The Press Biographical Co. has issued the first number of a new magazine entitled *The Successful American*. The pages are filled with the portraits and biographical sketches of prominent Americans, mostly of New York. The idea does not strike one very favorably, as it is so likely to degenerate into a gallery of the nobodies who are willing to pay for having their faces shown in good

company. But—get the magazine and just look at the collection of faces—strong, thoughtful, cultured—and think that these are the men who are ruling America to-day and making the America of the future. The type is one we need not be ashamed of. We are quite willing that they shall be taken as representative. They are even attractive, collectively and individually; and we think we would enjoy the society of these millionaires—if we were one ourselves.

The Mechanics of Surgery, comprising detailed descriptions, illustrations and lists of the instruments, appliances and furniture necessary in modern surgical art. By Charles Truax, Chicago, U. S. A., 1899. Price \$4.50. For sale by book dealers generally.

This is not a mere catalogue, or price list of surgical supplies; no prices are given, nor are articles listed atopically by the mere alphabetic accident of their names. This book of 1024 pages and 2381 illustrations, some very finely executed, fully justifies the title the author gave it. This book is to surgery what a materia medica is to therapeutics, and even a little more. You have made your diagnosis of a disease, i. e., you have interpreted certain coincident symptoms as belonging to a group that characterize a certain disease. Whether you medicate that disease as a whole, or whether you treat the individual symptoms separately, you refer to your materia medica for your remedy, or remedies. Rarely, if ever, is there but one remedy for one disease, or for one symptom. So too is it in surgical diseases. You have made your diagnosis, and you have now to *do* something with your hands, *kheirergon*, but they can not do it alone, they must be armed with some instrument. Which one shall it be? Your text-books give you scarcely more than a hint, and rarely any choice as to which instrument is best for your need. Indeed the author may not be too severe when he says, that the text-books give "for description and recommendation * * * a maze of unsatisfactory and confusing suggestions." If you are not near an instrument maker, or a large dealer in them, you are at a loss, and in such circumstances this book will be a safe and sure guide. Such a book would have been a rare help at any period previous to our age, but how much more now, when the requisite material, equipment of the medical man and woman has multiplied to say the least, a hundredfold above what it was only twenty-five years ago, concerning which this volume gives

ample information. And no wonder for the book is the product of a rare combination of qualities meeting in the author to which he refers in the preface: "An almost daily intercourse with physicians and surgeons extending over a number of years, frequent attendance at clinics in many parts of the world, and extensive study of text-books and journals, together with a commercial knowledge of surgical instruments and appliances by no means inconsiderable, would seem to justify the attempt to fill what appeared to be a hiatus in modern surgical literature."

The words, "*Would seem to,*" in the above, are the expression of fine modesty, and this not being demanded in the reviewer, I freely substitute for them the simple word "*do.*"

The Macmillan Co., 66 Fifth Ave., N. Y., has issued a text-book on Ophthalmometry, "*The Refraction of the Eye.*" by A. Edward Davis, of New York. It contains 431 pages, 119 engravings. Price \$3.00. It is a very complete work on the subject.

A Laboratory Manual of Physiological Chemistry. By Elbert W. Rockwood, B.S., M.D., Professor of Chemistry and Toxicology in the University of Iowa. Illustrated with one colored plate and three plates of Microscopic Preparations. Pages viii—204. Extra cloth, \$1.00, net. The F. A. Davis Co., Publishers, 1914-1916 Cherry St., Philadelphia.

Professor Rockwood furnishes a very useful manual, giving the necessary material plainly and concisely. The book is interleaved for notes; a great convenience for the user.

Dictionary of the Active Principles of Plants; Alkaloids, Bitter Principles, Glucosides; Their sources, nature, and chemical characteristics, with tabular summary, classification of reaction, and full botanical and general indexes. By Charles E. Sohn, Member of the Society of Public Analysts, London. Published and for sale by Bailliere Tindall & Cox, London; J. B. Lippincott Co., Philadelphia.

The book is admirable. The internal arrangements and appearance are excellent. It is an easy work to refer to, and is plain and clear. The author has used no useless lumber in its construction and has presented the most complete and perfect treatise on the single subject.

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